

<b>Case Number:</b>	CM13-0021370		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	04/10/2005
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female, who sustained an industrial injury on 4/10/2005. She has reported back pain, neck pain, shoulder pain, left knee pain, left elbow and left thumb pain. The diagnoses have included multilevel lumbar disc bulge, chronic left radiculopathy, status post left knee arthroscopy 11/4/2009, left carpal tunnel syndrome, left greater trochanteric bursitis, chronic pain, depression, cervical sprain, left shoulder sprain, status post left carpal tunnel release, and status post left knee arthroscopy repeated 12/2011. Treatment to date has included medication therapy, epidural steroid injections, medial branch facet rhizotomy, weekly psychotherapy, and therapeutic injections to thumb and elbow. Currently, the IW complains of continued pain in multiple locations. The evaluation from 6/7/13 documented repeated tearfulness, psychomotor slowing, anhedonia, labile affect and morbidly depressed mood. Subjective complaints included memory impairment, anxiety, loss of energy, impaired concentration and short term memory, and depression. The plan of care included cognitive behavioral therapy sessions. On 8/23/2013 Utilization Review non-certified twelve (12) cognitive behavioral psychotherapy sessions, noting the documentation did not provide clinical indication for the requested therapy. The MTUS and ACOEM Guidelines were cited. On 9/9/2013, the injured worker submitted an application for IMR for review of twelve (12) cognitive behavioral psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**TWELVE (12) PSYCHOTHERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker has had some psychotherapy sessions, however there and there is no information regarding the number of sessions completed so far or any evidence of objective functional improvement. Also, the request for 12 psychotherapy sessions exceeds the number of psychotherapy sessions recommended by the guidelines. Thus, the request is not medically necessary.