

<b>Case Number:</b>	CM14-0195886		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 51 year-old female (██████████) with a date of injury of 3/8/12. The injured worker sustained injury to her right upper extremity when she was moving some display shelves and felt pain. The injured worker sustained this injury while working as a coordinator ██████████. In his "Supplemental Report" dated 9/11/14, ██████████ diagnosed the injured worker with: (1) Right upper extremity complex regional pain syndrome (associated movement disorder with right upper extremity tremor and subsequent spread of complex regional pain); (2) Secondary depressive disorder; (3) Secondary sleep disorder; (4) Secondary bilateral knee internal derangement with chondromalacia secondary to altered gait; and (5) Rapid dental decay and TMJ symptoms. It is also reported that the injured worker developed psychiatric symptoms secondary to her work-related orthopedic injuries. On the "Psychiatric PTP Progress Report and Chart Note" dated 10/21/14, ██████████ noted that the injured worker scored a 48 on the BDI and a 41 on the BAI. He diagnosed the injured worker with: (1) Major depressive disorder, single episode, severe without psychosis; and (2) Pain disorder associated with both psychological factors and general medical condition. The injured worker has received both psychotropic medications and psychotherapy to treat her psychiatric symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Behavioral Interventions

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the injured worker completed an initial psychiatric evaluation with [REDACTED] in April 2014 and began to receive medication management services as well as psychotherapy shortly thereafter. The exact number of completed psychotherapy sessions to date is unknown however, according to the "Non-Certification Notice" dated 10/22/14, the injured worker had completed 12 psychotherapy visits with [REDACTED], under the supervision of [REDACTED]. In his 10/2/14 "Psychotherapy PTP Progress Report/PR-2", [REDACTED] indicated that the injured worker has continued to experience symptoms of depression, which were recently exacerbated due to the stoppage of the injured worker's benefit payments. It was recommended that the injured worker participate in further psychotherapy for an additional 12 sessions. The request under review is based upon [REDACTED] recommendation. The ODG recommends a total of up to 20 psychotherapy visits as long as objective functional improvements are being demonstrated. Considering that the injured worker has completed 12 sessions and [REDACTED] reported some progress from the sessions, additional psychotherapy could be warranted. However, an additional 12 sessions exceeds the ODG recommendations for total number of sessions. Additionally, the request for "Psychotherapy" remains too vague as it does not indicate the number of sessions being requested nor the frequency for the sessions. As a result, the request for "Psychotherapy" is not medically necessary.