

<b>Case Number:</b>	CM14-0208108		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/21/2009
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Psychologist (PHD, PSYD) 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 59 year-old female (██████████) with a date of injury of 11/2/2009. The injured worker sustained injury to her back and knees when she tripped and fell while working for ██████████. She has been diagnosed with: Cervicalgia; Lumbago; Lumbar pain; Myofascial pain syndrome/fibromyalgia; Shoulder impingement; and Encounter long-Rx Use, NEC. She has been treated with medications, chiropractic, physical therapy, activity modification, and surgery. It is also reported that the injured worker developed psychological symptoms of depression and anxiety secondary to her work-related orthopedic injury and chronic pain. She has been diagnosed with Pain disorder and Adjustment disorder with mixed anxiety and depressed mood. Her psychological symptoms have been treated with psychotropic medications as well as psychotherapy. The injured worker has completed 8 psychotherapy sessions with Dr. ██████████. The request under review is for an additional 12 psychotherapy sessions (2X/month for 6 months).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral Psychotherapy/ Pain Psychology 2 times/month times 6 months:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain since her injury in November 2009. She has also been struggling with psychological symptoms related to depression and anxiety secondary to her work-related orthopedic injury and chronic pain. It is reported that the injured worker completed a total of 8 psychotherapy sessions and has been able to demonstrate some functional improvements in mood and attitude. The CA MTUS recommends a total of up to 10 psychotherapy sessions in the treatment of chronic pain. The ODG recommends a total of up to 20 weekly psychotherapy sessions in the treatment of various psychological symptoms including depression. Given that the injured worker has only completed 8 psychotherapy sessions, the request for an additional 12 sessions falls within the ODG recommendations. However, the duration of 6 months to complete the sessions does not. The duration of time appears excessive as it does not offer a reasonable amount of time for reassessment of progress and/or treatment goals. As a result, the request for cognitive behavioral Psychotherapy/ Pain Psychology 2 times/month times 6 months is not medically necessary.