

<b>Case Number:</b>	CM15-0005339		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	08/15/2005
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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  
 Certification(s)/Specialty: Psychologist

### 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 (IW) is a 63 year-old female (DOB 8/1/1951) with a date of injury of 8/15/2005. The injured worker sustained injury to her back. She has been diagnosed with: Posterior thoracolumbar laminectomy pain syndrome, left foot drop following T5-L1 fusion; Chronic right lateral trochanteric bursitis; Fibromyalgia; Insomnia/fatigue; GERD; Intermittent urinary incontinence; and Psoriatic arthritis. It is also reported that the injured worker developed psychiatric symptoms secondary to her work-related orthopedic injury and chronic pain. She has been diagnosed with major depressive disorder, single episode, and chronic, moderate severity, with anxiety; Psychological factors affecting medical conditions; PTSD; and Sleep disorder, insomnia type. The IW has been receiving psychotropic medication management services for many years and has participated in psychotherapy over the years. Most recently, she was evaluated by ██████████ in August 2014 and completed an unknown number follow-up psychotherapy sessions. The request under review is for an unspecified number of additional psychotherapy, which was denied by UR on 11/10/2014.

### 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 Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive behavioral therapy guidelines for chronic pain.

**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 | Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker has continued to experience chronic pain since her work-related injuries. Additionally, she has been struggling with psychiatric symptoms of depression and anxiety secondary to her orthopedic injuries and chronic pain. It was noted that the injured worker had participated in psychotherapy with [REDACTED] for a few years, terminating treatment in 2013. Most recently, the injured worker completed a psychological evaluation with psychologist, [REDACTED], in August 2014, and received an unknown number of follow-up psychotherapy sessions. The request under review is for an unspecified number of additional psychotherapy sessions. Because of insufficient information (number of completed sessions) and the vague nature of the request, the request for "psychotherapy" is not medically necessary.