

<b>Case Number:</b>	CM15-0006872		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/15/2005
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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:

This 55 year old male was injured 11/15/05 in an industrial accident. He currently is experiencing back, hip, leg and groin pain. The current medications relating to his injury are Oxycodone HCL, MS Contin and aspirin. Laboratory evaluations to determine level of current prescription medications was positively appropriate. Diagnoses are post laminectomy lumbar; lumbar or thoracic radiculopathy; somatic symptoms disorder with predominant pain; depression NOS; and polysubstance dependence per history, in remission. On 12/24/14 Utilization review non-certified the request for psychotherapy X6 sessions biweekly as the clinical indication and necessity could not be established. Per Utilization Review the injured worker has received an excessive number of sessions and no indication of meaningful, objective functional improvement. MTUS: Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Psychotherapy x 6 Sessions Bi-weekly:** Upheld

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

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

**Decision rationale:** Based on the review of the medical records, the injured worker has been participating in psychotherapy services on a weekly to bi-weekly basis with [REDACTED] or [REDACTED], both under the supervision of [REDACTED]. It appears that the injured worker may have completed approximately 16-17 psychotherapy sessions however, this cannot be confirmed as the two most recent PR-2 reports dated 12/2/14 and 12/16/14 fail to note the number of completed sessions to date. Additionally, both PR-2 reports note that the functional improvements made from the completed services are the injured worker's "activity planning and planning activity around physical limitations." The CA MTUS recommends a total of 6-10 psychotherapy visits for the treatment of chronic pain. The ODG recommends a total of 13-20 psychotherapy visits in the treatment of depression as long as CBT is being completed and there are objective functional improvements being demonstrated. Given these guidelines, the reports included for review fail to offer enough information to support the request. Additionally, an additional 6 sessions will exceed the treatment recommendations. As a result, the request for an additional 6 biweekly psychotherapy sessions is not medically necessary.