

<b>Case Number:</b>	CM15-0135602		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	07/13/1995
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 62 year old female who sustained an industrial injury on 07/13/95. Treatments to date include psychotherapy and medications. Diagnostic studies are not addressed. Orthopedic diagnoses are degenerative spondylolisthesis and spinal stenosis. On 04/16/15 she was given Tramadol for pain. In a progress note of 05/26/15 the patient has insomnia, crying spells, severe pain, depression, and feelings of derealization. She has reported irritability, lack of energy, and anxiety at previous sessions as well. She has been seen for psychotherapy around every four weeks. Current medications include Paxil CR, Wellbutrin XL 450mg per day, Tranxene, Temazepam, and Concerta. Diagnoses include major depressive disorder recurrent severe, insomnia, and panic disorder. In a peer to peer discussion with [REDACTED], the patient's psychiatrist, she indicated that the patient was severely depressed and bedridden, but that her medications were working and she had regained some functioning. She was awaiting a consult with pain management as she did not want surgery. UR modified this request to 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy once every 2-6 weeks as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102 of 127.

**Decision rationale:** The patient suffers from major depressive disorder, insomnia, and panic disorder. Psychological treatment is recommended for appropriately identified patients during chronic pain treatment. Cognitive behavioral therapy and self-regulatory treatments incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. ODG guidelines allow up to 50 visits with evidence of objective functional improvement in patients with major depressive disorder or PTSD. It is unclear how many sessions the patient has received to date. In records reviewed I see no evidence of objective functional improvement, with a request for psychotherapy for an indefinite time period. This request is noncertified. Therefore, the requested treatment is not medically necessary.