

<b>Case Number:</b>	CM15-0148467		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 47 year old female sustained an industrial injury on 8-18-14. She subsequently reported head and neck trauma. Diagnoses include post concussive injury, cervical stenosis and cervical radiculopathy. The injured worker continues to experience headaches, depression and insomnia. Upon examination, it was noted that the injured worker still suffers from severe psychological dysfunction and does poorly. She is receiving treatment from a psychologist. A request for Psychotherapy for 60 minutes/twice weekly for 27 visits was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy for 60 minutes/twice weekly for 27 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to the guidelines, Cognitive Behavioral Therapy (CBT) can be requested after screening for patients with risk factors for delayed recovery, including fear

avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). In this case, the claimant does have depression and is utilizing antidepressants. Although psychotherapy is appropriate and needed, the amount requested exceeds the guidelines recommendations. Further re-evaluation may be more appropriate after 6-10 visits prior to requesting 27 visits in advance. Therefore, this request is not medically necessary.