

<b>Case Number:</b>	CM15-0164408		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: 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 was a female, who sustained an industrial injury May 20, 2011. The injury was sustained when the injured worker was carrying laundry down six stairs, hitting the ground. The injured worker landed on the buttocks and sprained the right foot and later was diagnosed with a right foot fracture. The foot was re-injured when it was hit with the x-ray machine. The injured worker previously received the following treatments 12 sessions of psychotherapy sessions, crutches, upper and lower back injections, Gabapentin, Methocarbamol and Ibuprofen. The injured worker was diagnosed with depression, adjustment disorder, pain disorder with psychological and medial condition, chronic pain, excessive daytime sleepiness, psychological impairment, cognitive and memory impairment, anxiety and insomnia. According to progress note of May 26, 2015, the injured worker's chief complaint was experiencing low back, neck, right hand, right leg and right foot pain. There were associated symptoms of numbness in all four extremities. The injured worker rated the pain at 9 out of 1. The injured worker was able to only sleep 4 hours at night. The injured worker had limited social activities with family and friends and limit exercise. The injured worker was having sleep disturbance. The injured worker scored 18 out of 24 in the Epworth Sleepiness scale. The treatment plan included psychotherapy one session per week for 20 weeks at 52 minutes per session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient of psychotherapy one (1) session per week for twenty (20) weeks, (52) minutes per session:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CB 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). The injured worker has been diagnosed with depression, adjustment disorder, pain disorder with psychological and medial condition, chronic pain, excessive daytime sleepiness, psychological impairment, cognitive and memory impairment, anxiety and insomnia. Upon review of the submitted documentation, it is gathered that the injured worker has had at least 12 psychotherapy sessions. The injured worker has already exceeded the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Request for Outpatient of psychotherapy one (1) session per week for twenty (20) weeks, (52) minutes per session is not medically necessary.