

<b>Case Number:</b>	CM15-0167976		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	04/24/2007
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 is a 54-year-old female, who sustained an industrial injury on April 24, 2007. She was noted to deteriorate physically and emotionally after injuring her right shoulder, neck and right upper extremity. The injured worker was currently diagnosed as having pain disorder associated with both psychological factors and a general medical condition, anxiety disorder not otherwise specified and depressive disorder not otherwise specified. Treatment to date has included medication and five one-hour individual psychotherapy sessions with a positive response. Due to treatment, she reported feeling being less depressed, less irritable, less socially withdrawn and more accepting of her physical limitations. She also reported feeling calmer and more optimistic. On June 20, 2015, the injured worker complained of right shoulder and hand pain, depressed mood, panic attacks, forgetfulness, problems concentrating, irritability, disturbed sleep, fatigue and poor appetite. Notes stated that the injured worker had not achieved optimal psychological improvement and still requires additional care to help her cope with the effects of her industrial injury. The treatment plan included five psychotherapy sessions. On July 27, 2015, utilization review denied a request for five sessions of individual psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Five sessions of individual psychotherapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Cognitive behavioral therapy (CBT).

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychological services since at least the beginning of 2014 from [REDACTED]. However, only records from January 2015 to the present were included for review. The included psychological PR-2 reports fail to document the number of completed sessions to date. Additionally, consistent progress and improvements obtained from the completed treatments have not been demonstrated. In the treatment of chronic pain, the CA MTUS recommends up to 10 psychotherapy sessions. In the treatment of psychiatric symptoms, the ODG recommends up to 13-20 psychotherapy visits, if progress is being made. Without more information about the completed services, including the total number of completed sessions as well as the specific improvements that have been made, the need for additional treatment cannot be fully determined. As a result, the request for an additional 5 psychotherapy sessions is not medically necessary.