

<b>Case Number:</b>	CM15-0191616		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	11/18/2004
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 is a 45 year old male, who sustained an industrial injury on 11-18-04. He reported left hand and thumb pain. The treating physician noted the injured worker had been "in pain since and depressed since about early 2005." The injured worker was diagnosed as having major depressive disorder, panic disorder without agoraphobia, and pain disorder associated with psychological factors and general medical condition. Treatment to date has included treatment with a psychologist, treatment with a psychiatrist, and medication including Zoloft. The injured worker had been seeing a psychiatrist and psychologist since at least January 2015. On 8-31-15, the injured worker complained of impaired sleep, guilt, impaired self-image, daily sadness, poor motivation, social isolation, panic attacks, and difficulty with concentration. The treating physician requested authorization for psychotherapy x24 sessions. On 9-25-15, the utilization review physician noted, "approval is recommended for an initial trial of 3-4 sessions of psychotherapy."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x 24 sessions:** 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), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness/ Cognitive therapy for depression.

**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 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). ODG Psychotherapy Guidelines recommend: Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) Upon review of the submitted documentation, it is gathered that the injured worker has been diagnosed with major depressive disorder, panic disorder without agoraphobia, and pain disorder associated with psychological factors and general medical condition and has participated in psychotherapy treatment. There is no clear information regarding the number of sessions completed so far. The request for Psychotherapy x 24 sessions exceeds the guideline recommendations as quoted above and thus is not medically necessary.