

<b>Case Number:</b>	CM15-0201956		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/27/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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, 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 36 year old female, who sustained an industrial injury on 10-27-2013. Diagnoses include thoracolumbar herniation with conus injury to the spinal cord causing bladder issues, status post spinal decompression and fusion. Treatments to date include activity modification, medication therapy, psychotherapy, and physical therapy. The records indicated individual therapy sessions were initiated on 5-26-15, with complaints of experiencing symptoms of depressed mood, irritability, tearfulness, sadness, lethargy and isolation. The plan of care included individual therapy sessions every other week. A sixth individual therapy session conducted via telephone on 9-9-15, documented she reported frustration and wanting to continue with therapy. The provider documented she presented with broad affect, euthymic mood, and normal speech. The session concentrated on reviewing problem solving techniques and coping skills learned in therapy. She was evaluated by psychiatry for medication management on 9-3-15, and she complained of withdrawal symptoms described as becoming physically ill after having been without Celexa for 9 days. It was documented "every-other- week psychotherapy sessions were going well." The appeal requested authorization for eight (8) psychotherapy sessions over four (4) months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 8 sessions over 4 months: 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), Shoulder Chapter.

**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 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). Upon review of the submitted documentation, it is gathered that the injured worker has had undergone psychotherapy treatment, however there is no clear documentation regarding the total number of sessions completed so far or any evidence of objective functional improvement with the same. The guidelines recommend total of up to 6-10 visits over 5-6 weeks as quoted above. The request for additional Psychotherapy 8 sessions over 4 months is not medically necessary based on the above mentioned reasons.