

<b>Case Number:</b>	CM15-0031377		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	08/21/1987
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 47 year old female, who sustained an industrial injury on 08/21/1987. She has reported subsequent back pain and was diagnosed with postlaminectomy syndrome of the lumbar spine, chronic pain and depression. Treatment to date for pain has included oral pain medication, trigger point injections, massage therapy and a TENS unit. Venlafaxine was prescribed to treat depression. In a progress note dated 01/14/2015, the injured worker complained of low back pain radiating to the bilateral lower extremities with intermittent muscle spasms. The physician noted that the injured worker was reporting less mood changes after starting Venlafaxine. The injured worker did complain of anxiety and depression but denied hallucinations or suicidal thoughts. A request for authorization of 6 individual psychotherapy sessions was made. On 02/13/2015, Utilization Review non-certified a request for 6 individual psychotherapy sessions, noting that there was no evidence that individual psychotherapy sessions would significantly affect the injured worker's function status. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Individual psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 31-32.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker was initially evaluated by psychologist, [REDACTED] in November 2013. It appears that she received subsequent psychological services since that initial evaluation however, it is unclear from the various progress note submitted for review as to the number of completed sessions to date. Additionally, the most recent hand-written progress notes fail to offer enough objective functional improvements from the completed sessions to warrant additional treatment per ODG. As a result of insufficient information to substantiate the request, the request for an additional 6 psychotherapy sessions is not medically necessary.