

<b>Case Number:</b>	CM15-0051846		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	10/21/2005
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 42-year-old female whose date of injury is 10/21/2005 related to a motor vehicle accident in which she was rear ended by a cable truck. Treatments to date have surgery and conservative treatments. She was seen for a comprehensive initial psychological evaluation on 02/10/15. Diagnoses are major depressive disorder recurrent moderate, somatic symptom disorder, and amphetamine use disorder. The progress report dated 02/26/2015 indicates that the subjective complaints were pain, depression, anxiety, and isolation. Objective findings include depression, anxiety, loneliness, and low self-worth. It was noted that her depression and anxiety were improving, she had met with a psychologist once, she was attending a dual diagnosis IOP, and meetings twice per week to maintain sobriety. Twelve psychotherapy sessions were requested. Eight psychotherapy sessions had been previously certified but had expired. These were recertified in a UR of 03/18/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Individual Psychotherapy Page(s): 19-23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a 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) Page(s): 23 of 127.

**Decision rationale:** The patient complains of symptoms of major depressive disorder and somatic symptom disorder. A trial of psychotherapy would be indicated, in this case the eight certified psychotherapy sessions (on 03/18/15). Per MTUS/ODG guidelines for behavioral interventions, followed by evaluation for evidence of objective functional improvement before further certification is granted. However, there are no reports/progress notes indicating that the eight sessions certified above have been used to date. As such this request is not medically necessary.