

<b>Case Number:</b>	CM13-0032859		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	12/16/2007
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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. The expert reviewer is licensed in Psychology, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 61 year-old female with a date of injury of 12/16/07. According to reports, the claimant sustained injuries to her back, hips, shoulder, and knees when she fell backwards while sitting in a chair while working as a manicurist for [REDACTED]. She has had a total of ten surgeries as a result of her work-related incident. In his Qualified Medical Re-Examination dated 4/3/13, [REDACTED] offered the following diagnoses: (1) Status post bilateral hip replacement surgery; (2) End stage left knee arthritis status post arthroscopy; (3) Bilateral shoulder impingement syndrome; (4) Bilateral carpal tunnel syndrome status post left carpal tunnel release; (5) Status post left shoulder arthroscopy; (6) Recent internal medicine complications; and (7) Psychiatric condition. She has also sustained injury to her psyche and was diagnosed by [REDACTED] in his Psychological Disability Re-Evaluation dated 4/4/13 with the following: (1) Major Depressive Disorder, recurrent, moderate; (2) Panic Disorder without agoraphobia; (3) Pain Disorder associated with both psychological factors and a general medical condition; (4) Dysthymic Disorder; and (5) Attention Deficit Hyperactivity Disorder, inattentive type. Subsequently, in his 8/6/13 Cognitive-Behavioral Therapy (CBT) Consultation for the Treatment of Chronic Pain report, [REDACTED] provided the following diagnostic impressions: (1) Coping deficits and maladaptive health behaviors affecting multiple injuries and chronic pain disorder; (2) Major depressive disorder, recurrent, moderate to severe severity, secondary to the 12/16/07 industrial injury, exacerbated by a high level of dysfunctional coping mechanisms; and (3) Panic disorder without agoraphobia, secondary to the 12/16/07 industrial injury, exacerbated by a high level of dysfunctional coping mechanisms. It is the claimant's psychological conditions and diagnoses that are relevant to this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**psychotherapy twice a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** The California MTUS guidelines regarding behavioral treatment for chronic pain will be used as reference for this case, as the claimant's primary diagnosis from [REDACTED] involves Chronic Pain Disorder. The claimant was authorized for an initial trial of four visits of cognitive behavioral therapy and biofeedback in August 2013, which commenced on 9/3/13. The fourth authorized session was completed on 10/22/13. As a result, the request is for additional sessions. The California MTUS recommends an initial trial of 3-4 psychotherapy visits over two weeks; with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may be needed. Following the claimant's fourth visit with [REDACTED], the doctor completed a Cognitive-Behavioral Therapy Report detailing the services completed and the progress obtained. He was able to demonstrate the need for additional sessions. However, the request for psychotherapy, twice per week for 6 weeks exceeds the total number of sessions set forth by the California MTUS. As a result, the request is not medically necessary, and is non-certified.