

<b>Case Number:</b>	CM14-0115933		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/17/2008
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Board Certified in Psychiatry 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:

According to the records made available for review, this is a 57-year-old female with an 8/17/08 date of injury, and left shoulder surgery on 2/14/14. At the time (7/7/14) of decision for 10 psychotherapy sessions, 1x week for 10 weeks, there is documentation of subjective chronic left shoulder pain) and objective (limited range of motion) finding. The current diagnoses include chronic pain syndrome, left brachial plexopathy, left clavicular fracture, and depression. The treatment to date includes psychotherapy and medications (Pristiq and Norco). The number of previous psychotherapy treatments cannot be determined. In addition, there is no documentation of objective functional improvement following previous treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Psychotherapy sessions, 1x week for 10 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. The MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, left brachial plexopathy, left clavicular fracture, and depression. In addition, there is documentation of previous psychotherapy treatments. However, there is no documentation of the number of previous treatments to determine if guidelines has already been exceeded or will be exceeded with the additional request. In addition, there is no documentation of objective functional improvement following previous treatments. Therefore, based on guidelines and a review of the evidence, the request for 10 Psychotherapy sessions, 1x week for 10 weeks is not medically necessary.