

<b>Case Number:</b>	CM14-0166173		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is 56 year old male with an injury date of 04/07/11. The 08/26/14 report by [REDACTED] states that the injured worker presents with being "angry, irritable and depressed." The treating physician states the injured worker received an orthopedic injury that led to "multiple surgeries." No physical examination is included. The injured worker's diagnosis is depression, major/recurring, chronic pain. The primary treating physician's progress report dated 08/26/14 by [REDACTED] states the injured worker presents with "occasional bilateral small finger numbness with some mild bilateral pain with weight bearing but is able to perform all activity with the hand." No significant deficiencies were stated on examination. The injured worker's diagnoses include: Overuse injuryCervical sprainRight shoulder injuryCarpal tunnel syndrome status post bilateral carpal tunnel release 05/23/14. Current medications are listed as Cymbalta, Vistaril, Lisinopril, Amlodipine, Escitalopram and Clonazepam which have been prescribed by his pain management treating physician. The utilization review being challenged is dated 09/09/14. The rationale is that the 12 requested Psychotherapy sessions have been changed to 6 sessions to allow for periodic evaluation of progress. Reports were provided from 01/20/14 to 09/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Psychotherapy Sessions with Psychologist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological Page(s): 101. Decision based on Non-MTUS Citation Official Disability  
Guidelines (ODG) Cognitive Behavioral Therapy (CBT) Mental Illness & Stress.

**Decision rationale:** MTUS page 101 Psychological treatment states, "Recommended for appropriately identified patients during treatment for chronic pain." Psychological treatments for depression is also recommended and ODG guidelines support up to 13-20 sessions and up to 50 sessions in case of severe depression if progress is being made. The reports provided show that the injured worker is undergoing cognitive behavioral therapy since at least 05/23/14 to 09/02/14. The 09/02/14 report by [REDACTED] states the injured worker has increased tolerance for work, ADLs, strength and endurance and that reliance on other forms of treatment has decreased. In this case, the injured worker has had what appear to be more than 50 sessions of therapy over the last year and half. There appears to be some documentation regarding progress. However, ODG does not recommend more than 50 sessions even with progress. The UR modification to 6 sessions appears reasonable and the request 12 sessions appears excessive when considering the guidelines. The request for 12 Psychotherapy Sessions with Psychologist is not medically necessary.