

<b>Case Number:</b>	CM14-0179255		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	06/19/2008
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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:

Injured worker is a 61 year old female with date of injury 6/19/2008. The date of the Utilization Review (UR) decision was 10/3/2014. A report dated 9/17/2014 listed that her sleep continues to improve slowly; her mood was described as stable. She was being prescribed Sertraline 150 mg every day, Wellbutrin XL 150 mg daily and Ambien 5 mg at bedtime as needed. She was diagnosed with Major Depressive Disorder and had a GAF score of 60-70. It has been indicated that she has been in psychotherapy treatment but there is no clear indication regarding the number of sessions received so far or any evidence of objective functional improvement. She has been prescribed Ambien, Wellbutrin, Klonopin since 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy (6 sessions):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using 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)Upon review of the submitted documentation, it is gathered that the injured worker has been in psychotherapy treatment, however there is no mention of number of sessions completed or evidence of "objective functional improvement".The request for additional Individual Psychotherapy (6 sessions) is not medically necessary based on lack of information regarding previous treatment.

**Family Psychotherapy (6 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using 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)Upon review of the submitted documentation, it is gathered that the Injured worker has been in psychotherapy treatment; however there is no mention of number of sessions completed or evidence of "objective functional improvement".The request for family Psychotherapy (6 sessions) is not medically necessary based on lack of information regarding previous treatment. The injured worker has been in psychotherapy treatment in the past. The request for further treatment is not clinically indicated at this time.