

<b>Case Number:</b>	CM14-0112212		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 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:

This 54 year old female (██████████) sustained work related injuries on August 15, 2012. There was no specific injury described. She has been treated for chronic pain in her hands, elbow, shoulder and neck, as well as for anxiety and depressive mood reaction. In his report dated May 19, 2014, treating Psychologist, ██████████, noted that the injured worker continued to manifest symptoms of moderate to severe anxiety and depressive mood in reaction to her physical pain, orthopedic condition and disabled status. He diagnosed her with Pain Disorder Associated with Psychological Factors and a General Medical Condition. In his prior report from March 2014, ██████████ had diagnosed the injured worker with Depressive Disorder, NOS. Previous treatment has consisted of 20 sessions of psychotherapy from November 2013 to May 13, 2014, prescribed medications, consultations and follow up visits. Documentation noted that the injured worker has been out of work since August of 2012. The treating physician prescribed services for 20 additional psychotherapy sessions now under review. On June 18, 2014, Utilization Review evaluated the prescription for 20 additional psychotherapy sessions requested on June 18, 2014. Upon review of the clinical information, UR modified the request to 6 additional psychotherapy sessions noting the request exceeds MTUS guideline recommendations. This UR decision was subsequently appealed to the Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 20 sessions psychotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, ODG Psychotherapy Guidelines.

**Decision rationale:** The CA MTUS guideline for the use of behavioral interventions in the treatment of chronic pain as well as the Official Disability Guideline regarding the cognitive treatment of depression will be used as references for this case. Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in August 2012. She has also continued to experience symptoms of depression despite having completed 20 psychotherapy sessions with [REDACTED]. Although the injured worker remains slightly symptomatic, the guidelines indicate a total of up to "6-10 visits" for the treatment of chronic pain and a total of up to "13-20 visits" for the treatment of depression. Utilizing these guidelines, the request for an additional 20 psychotherapy sessions is excessive. As a result, the request for an "Additional 20 sessions psychotherapy" is not medically necessary.