

<b>Case Number:</b>	CM14-0218493		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	06/03/1996
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

### 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 52 year old female sustained an industrial related injury on 06/03/1996. Per the most recent progress report (PR) prior to the request (12/04/2014), the injured worker's subjective comments included continued uplifting in mood, increased functioning, decreased insomnia and future orientation. Objective findings included lighter mood, decreased distorted thinking, paranoia and dread of her future. Current diagnoses included: major depressive disorder recurrent episode, present episode, moderate; anxiety; pain disorder associated with psychological factors and general medical condition, chronic; nicotine dependence; psychological environmental problems; work related injury; dramatic reductions in activity levels; social withdrawal; and global assessment of functioning score of 68; opioid type dependence continuous; post laminectomy syndrome of the lumbar region; and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment to date has included nerve reattachment from left hand finger (1991), nerve block, discogram and spinal stimulator placement (1996), right hand and wrist bone repair (2010), right L4-S1 RFA (3/2013), left L4-S1 RFA (4/2010), medications with a history of heavy opioid dependence and psychotherapy. The additional psychotherapy sessions were requested for the treatment of anxiety and depression, and development of coping skills to deal with chronic pain. Recent treatments included current medications and psychotherapy. The injured worker reported pain had mildly increased after moving from lifting boxes. Functional deficits and activities of daily living were improved as she noted a decrease in stress. The injured worker's work status was not discussed. Dependency on medical care was unchanged. On 12/26/2014, Utilization Review non-certified a request for 16 additional sessions of psychotherapy (CBT),

noting the absence of significant improvement and the absence of a formulation or treatment plan. The MTUS Chronic Pain and ODG guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **16 Sessions of Psychotherapy (CBT): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

**Decision rationale:** Based on the review of the medical records, the injured worker has continued to experience symptoms of depression and anxiety despite having received psychotherapy over the past couple of years. However, in December 2014, the injured worker was able to demonstrate some progress and improvements. It is unclear as to how many sessions of psychotherapy have been completed to date, particularly in 2014, as the exact number is not found within [REDACTED] records. According to UR, the injured worker completed 12 psychotherapy sessions in 2014. Given this information, the request for an additional 16 sessions exceeds ODG recommendations which state, "a total of up to 13-20 visits over 13-20 weeks" as long as CBT is being provided and there are objective functional improvements being demonstrated. Since the additional 16 sessions exceeds the guidelines, the request is not medically necessary.