

<b>Case Number:</b>	CM14-0058651		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/06/2003
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 a 46 year old female, who sustained an industrial injury on 3/6/2003. She reported repetitive motion injury of the right wrist. The injured worker was diagnosed as having major depression, and chronic pain. Treatment to date has included medications, electrodiagnostic studies, wrist surgery, and physical therapy. The request is for unknown individual psychotherapy sessions at a frequency of once per week. The records indicate she had a depressed mood and was utilizing Cymbalta. She was noted to have continued arm pain, and reported having sleeping difficulties. The records indicated she had undergone psychotherapy evaluation and treatment. The records do not indicate how many psychotherapy sessions she had completed or the result of the treatment. On 4/7/2014, she is noted to have continued bilateral upper extremity pain rated 8/10. She described her mood as frustrated, and indicated having difficulty falling asleep due to pain. The treatment plan included: urine drug screening, Norco, and Colace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for unknown individual psychotherapy sessions at a frequency of once per week.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychotherapy Guidelines Official disability Guidelines, Pain (Chronic).

**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)The records indicate that the injured worker has undergone psychotherapy treatment, however there is no clear record regarding how many psychotherapy sessions she has completed or the result of the treatment such as any objective functional improvement. The request for Prospective request for unknown individual psychotherapy sessions at a frequency of once per week is excessive as there is no information regarding details of past treatment and also as the request does not specify the number of sessions being requested. The request is not medically necessary.