

<b>Case Number:</b>	CM15-0017678		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/25/2009
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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:

This 45 year old male sustained an industrial injury to the Achilles tendon and knee on 8/25/09. Previous treatment included medications, surgical repair, physical therapy and psychotherapy. Additional past medical history included myocardial infarction, coronary artery disease, hypertension and morbid obesity. In a re-request for authorization dated 1/12/15, the physician noted that the injured worker's constant pain, inability to work, insomnia, financial difficulties and isolation had resulted in severe symptoms of depression, anxiety and isolation. The injured worker was currently experiencing increasing anxiety due to an upcoming bariatric procedure. The treatment plan included 12 weekly individual psychotherapy sessions. On 12/30/14, Utilization Review noncertified a request for outpatient psychotherapy twelve (12) weekly session citing CA MTUS Chronic Pain Medical Treatment Guidelines and ODG Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient psychotherapy twelve (12) weekly sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Outpatient Psychotherapy. Decision based on Non-MTUS Citation Official Disability  
Guidelines: Psychological Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological treatment Page(s): 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 had psychotherapy treatment for chronic pain, however there has been no mention of "objective functional improvement". The injured worker has had previous treatment with psychotherapy and the request for Outpatient psychotherapy twelve (12) weekly sessions exceeds the guideline recommendations for psychotherapy for chronic pain. Thus, the request is not medically necessary at this time.