

<b>Case Number:</b>	CM13-0022114		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	07/21/1998
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 67-year-old male with a 7/21/98 date of injury. At the time (7/20/13) of request for authorization for 12 individual psychotherapy sessions and 12 stress management sessions, there is documentation of subjective (continued pain and swelling of the right shoulder, right arm and hand, and neck area; the patient reports that the psychotherapy sessions have been beneficial in decreasing) and objective (improved mood and positive response to psychotherapy and stress management) findings, current diagnoses (major depressive disorder without psychotic features and pain disorder with psychological factors and a general medical condition), and treatment to date (at least 12 sessions of psychotherapy and 12 sessions of stress management sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 INDIVIDUAL PSYCHOTHERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of major depressive disorder without psychotic features and pain disorder with psychological factors and a general medical condition. In addition, there is documentation of previous psychotherapy treatments with evidence of objective functional improvement. However, the number of treatments completed to date (at least 12 sessions), exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 12 individual psychotherapy sessions is not medically necessary.

**12 STRESS MANAGEMENT SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of major depressive disorder without psychotic features and pain disorder with psychological factors and a general medical condition. In addition, there is documentation of previous psychotherapy treatments with evidence of objective functional improvement. However, the number of treatments completed to date (at least 12 sessions), exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 12 stress management sessions is not medically necessary.