

<b>Case Number:</b>	CM13-0014905		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 licensed in Psychology, has a subspecialty in Health Psychology and Pain Management 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 female patient has a date of reported injury of 12/22/201, and she has been diagnosed with major depressive disorder and post-traumatic stress disorder (PTSD). Alternatively, a different report indicated diagnoses of depression and anxiety, and cannabis abuse in remission, without mention of the PTSD. The injury involves the triggering of unresolved issues. In addition to significant symptoms of anxiety a pre-injury chronic depressive state characterized as probable dysthymia worsened in the context of her reported abuse and harassment at work. She also reports both back and neck pain. Prior treatments have included psychiatric medication and therapy. Psychotherapy session notes from twelve (12) sessions in 2012 were included in this IMR, but none from 2013. A request for Psychotherapy ten (10) visits monthly was non-certified and peer modification of one (1) additional session was indicted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy, ten (10) visits (monthly): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Blue Cross, (2013), Behavioral Health Medical Necessity Criteria, Psychiatric Outpatient Treatment, Medication Management, page 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Texas ODG, Psychotherapy guidelines.

**Decision rationale:** The Chronic Pain Guidelines indicate that behavioral intervention is recommended, with an initial trial of three to four (3-4) psychotherapy visits over two (2) weeks, with evidence of objective functional improvement, total of up to six to ten (6-10) visits over five to six (5-6) weeks (individual sessions). The Official Disability Guidelines recommend an initial trial of six (6) visits over six (6) weeks, with clear evidence of documented objective functional improvement. The guidelines indicate that a total of thirteen to twenty (13-20) visits over thirteen to twenty (13-20) weeks of individual sessions could be provided. At this juncture the patient has exceeded that amount; there is also a lack of documented objective functional improvement in the twelve (12) sessions that were provided for this review or in the rest of the medical report. Non-certification is upheld.