

<b>Case Number:</b>	CM13-0019637		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Psychology, 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:

The injured worker has a date of injury of October 16, 2012. According to the medical records provided for review, he was injured in a motor vehicle accident while working as a police officer. In a November 27, 2012 consultative report, [REDACTED] diagnosed the injured worker with status post head trauma, posttraumatic head syndrome with cognitive impairment, posttraumatic headaches, posttraumatic dizziness/ataxia, and spinal sprain/strain. Additionally, the injured worker has been diagnosed by [REDACTED] in both his initial neuropsychological evaluation dated July 26, 2013 and his most recent PR-2 dated August 16, 2013 as having cognitive disorder NOS, in partial remission, and Major Depression, single episode.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued 12 sessions of individual psychotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Disability Guide (ODG) for Psychotherapy Guidelines. .

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines sections on Cognitive Therapy for Depression, and Psychotherapy Guidelines. .

**Decision rationale:** Based on the medical records provided for review, the injured worker has received six sessions of psychotherapy from [REDACTED] following the initial neuropsychological evaluation dated July 26, 2013; however, it is unclear exactly how many psychotherapy sessions the claimant has received total from any provider. In his May 21, 2013 report, [REDACTED] writes, "The patient notes additionally he had one session of psychotherapy with an associate of [REDACTED]." In his September 5, 2013 report, [REDACTED] writes that the injured worker saw a [REDACTED] as well: "He has had four psychotherapy treatments. He notes that it helps to have an outlet." This information does not adequately provide information on the total number of psychotherapy sessions received by the injured worker from all providers. The Official Disability Guidelines for the cognitive treatment of depression recommends "an initial trial of six visits over six weeks" and, "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks" may be necessary. Since there is a lack of information within the medical records submitted, the request for an additional twelve sessions of individual psychotherapy is too excessive.