

<b>Case Number:</b>	CM13-0023372		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	01/04/1997
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 a licensed Doctor of 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.

### 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 claimant is a 57 y.o. female (DOB = 1/16/56) with dates of injury of 1/4/97 and 7/30/98. According to the most recent PR-2 submitted by Dr. [REDACTED], the claimant is diagnosed with panic disorder with agoraphobia, major depressive disorder, and chronic pain disorder

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Talk therapy one (1) session every other week (unspecified duration):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy (CBT), which is not part of the MTUS..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive therapy for panic disorder.

**Decision rationale:** The request for "talk therapy for one session every other week for an unspecified duration" does not meet the Official Disability Guidelines for the treatment of panic disorder. Talk therapy has not been found efficacious in the treatment of panic disorder nor depression. Additionally, it is suggested that CBT be provided every week for 12-14 sessions. As a result, the request for talk therapy, one session every other week for an unspecified time is not medically necessary. The request for talk therapy one (1) session every other week (unspecified duration) is not medically necessary and appropriate.

