

<b>Case Number:</b>	CM13-0025551		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/24/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 patient is a 22-year-old male who reported an injury on 09/24/2011. The patient suffered a crush injury to the left femur while removing a metal sheet from a machine. The patient is currently diagnosed with PTSD. The patient was seen by [REDACTED] on 04/29/2013. The patient reported symptoms of disassociation and memory impairment. Objective findings included an agitated and depressed/anxious mood. Treatment recommendations included cognitive behavioral techniques, relaxation techniques, and problem solving.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED INDIVIDUAL PSYCHOTHERAPY SESSIONS ONCE A WEEK FOR 12 WEEKS (RX:7/8/13):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy..

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

**Decision rationale:** California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5

to 6 weeks may be appropriate. As per the documentation submitted, the patient has previously participated in psychotherapy. However, the total number of sessions completed to date with objective functional improvement is unknown. Additionally, the current request for 12 sessions of individual psychotherapy exceeds guideline recommendations. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.