

<b>Case Number:</b>	CM13-0032161		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/22/2008
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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 physician 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 55-year-old male who has complained of depression, anxiety and insomnia. He has been treated with Prozac. He was injured at work over a long period of time, 1-22-08. He has had high blood pressure. He became temporarily totally disabled between 01/22/08 and 11/10/08, and then he returned to work. He has been diagnosed with Adjustment Disorder with Mixed Anxiety and Depression; and Psychological Factors Affecting Medical Condition. The question asked now is medical necessity for weekly psychotherapy treatment, duration unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weekly psychotherapy treatment (unspecified duration):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Mental Illness and Stress, Cognitive therapy for depression, and ODG Psychotherapy guidelines.

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

**Decision rationale:** The Physician Reviewer's decision rationale: guidelines. In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. It appears the patient would benefit from psychotherapy. However, the request was worded with unspecified duration.

Unlimited psychotherapy sessions exceed that guideline and as such are not medically necessary per MTUS.