

<b>Case Number:</b>	CM13-0035106		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Clinical 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 patient is a 49 year old Hispanic Male who reported an incident on February 4, 2013 in the course of his work for [REDACTED] where he had interpersonal conflict with a coworker and supervisor that included a verbal threat and intimidation. An initial diagnosis of Adjustment Disorder with Depression and Anxiety was given, but later revised to Major Depression, single episode, severe. He reports insomnia, anxiety, depression and traumatic work-related memories. His medical records mention that he has been prescribed Prozac for depression and Klopopin for anxiety and Restoril for sleep. Additional Psychiatric medications Trazodone and alprazolam have been prescribed. It is unclear which medications he is currently taking. The patients symptoms consist of poor sleep, social withdrawal, decreased libido. There is mention of a right side hernia with pain but no mention if this was a work injury or connected to the current case. A request for weekly psychotherapy treatment x 20 sessions was made and not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weekly psychotherapy treatment x 20 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, Psychological Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral therapy Page(s): 23.

**Decision rationale:** After a careful review of all 61 pages of medical records that were provided to me, the decision for non-certification stands. According to his medical records, this patient has been in an initial trial of cognitive behavioral therapy and also was given additional sessions for a total of 11 sessions. However none of the treatment notes from this therapy were included for this review. The requested 20 sessions are above guideline criteria. Based on the information provided, none of these conditions have been met.