

<b>Case Number:</b>	CM13-0043333		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Clinical Psychologist and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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:

According to the medical files provided for this independent review, this patient is a 47 years and 10 month old male patient who reported sustaining an occupational related injury on December 5, 2012. He reported pain to his neck, right shoulder, and elbows while he was employed at Omega extruding corporation of California. He also reported having experienced ongoing verbal and physical sexual harassment resulting in headaches and psychological problems. The physical injury was cumulative and stress repetitive based on his work off loading and unloading paints, moving pallets, and physical labor, while the harassment included being inappropriately touched repeatedly and being subjected to sexually inappropriate comments over several years. An attempt to report the sexual harassment to a higher up manager was reportedly met with further inappropriate comments. He subsequently reported having headaches, anxiety and stress, marital problems, sleeping problems, and lack of motivation. He has been treated by a psychotherapist "once a month from February 8, 2012 to May 2013." He reported pain in his neck, elbows, and shoulder, and painful headaches that can last for hours and wake him from his sleep. He has been diagnosed with Major Depression, single episode, severe; Anxiety Disorder NOS, and Pain disorder associated with both psychological factors in a general medical condition. The Final Determination was based on decisions for the disputed items/services set forth below:

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOTHERAPY ONCE A WEEK FOR TWELVE WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 23,101-102.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

**Decision rationale:** All of the records that were provided for this independent medical review were carefully reviewed. The expert reviewer was specifically seeking the progress notes from the sessions that were provided once a month from February 2012 to May 2013. There were a only about 3-4 handwritten progress notes that essentially repeated his problems and diagnosis, and none of them contain any evidence of significant functional objective improvements based on the sessions he has already had. It is unclear how many sessions in total have been provided to date but it does appear that an initial block of 10 sessions for sure and perhaps as many as 15 have been used, the provider did not include the number of sessions provided on any of the documentation. According to the official disability guidelines for psychotherapy an initial trial of 6 visits over 6 weeks should be offered and then, with evidence of objective functional improvement, a total of up to 13 to 20 visits can be offered over a period of 13 to 20 weeks. In this case, because there is no evidence of functional improvement documented in the medical chart, the total number of psychotherapy sessions provided to date has not been provided, and because an additional 12 sessions would be more than the maximum of 13-20 total sessions, it is not possible to authorize additional sessions. The decision of non-certification of additional psychotherapy sessions is upheld.