

<b>Case Number:</b>	CM13-0047811		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/04/1999
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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:

This case involves an 82 year old male injured 3-4-1999. The patient has been under psychiatric care for years. He previously worked as a probation officer. He has suffered from chronic pain, diabetes, loss of equilibrium, social withdrawal, anger, anxiety, impaired concentration and an exaggerated startle response. The patient has shown improvement in his depression while under treatment as measured by [REDACTED]. At issue is the medical necessity of psychotherapy once a week for twenty four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Behavioral Psychotherapy;1x24:** Upheld

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

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

**Decision rationale:** These guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. 24 psychotherapy sessions exceeds that guideline and as such are not medically necessary per MTUS.

