

<b>Case Number:</b>	CM13-0053826		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 licensed in Psychology, and is licensed to practice in Texas. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 49-year-old male who reported an injury on 0/4/13 due to emotional trauma, which manifested into major depressive disorder. The patient's treatment to-date has included 11 sessions of cognitive behavioral therapy, and psychotropic medications. It was noted within the documentation that the patient did have a beneficial response to the trial of cognitive behavior therapy. The patient's most recent documented findings included continued sleep disturbances due to emotional distress, current nightmares, social withdrawal, and diminished self esteem and libido. The patient's treatment plan included continuation of psychotropic medications and cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 sessions of psychotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The ACOEM guidelines recommend cognitive behavioral therapy techniques for patients who have emotional stress. The Official Disability Guidelines recommend 13-20 visits after a six-visit clinical trial based on evidence of symptom improvements. The clinical documentation submitted for review does provide evidence that the patient underwent a six-visit trial that provided some benefit to the patient's emotional well-being. It is also documented that the patient continues to have emotional deficits that would benefit from further treatment. However, the clinical documentation indicates that the patient has already undergone 11 cognitive therapy visits; the requested 20 sessions exceeds the ODG recommendation. There are no exceptional factors noted within the documentation to extend treatment beyond guideline recommendations. As such, the requested psychotherapy is not medically necessary or appropriate.