

<b>Case Number:</b>	CM13-0056619		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 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 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 patient is a 51 year old injured worker who was held up at gunpoint while in the course of her occupational duties at [REDACTED] on 12/3/12 and subsequently was diagnosed with Major Depressive Disorder, Moderate and PTSD as well as the alternative diagnosis of "Prolonged Post Trauma Stress". The patient reports significant symptoms of fear, agoraphobia and avoidance of social situations that are overwhelming. The patient experiences flashbacks and difficulty sleeping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional psychotherapy 6 sessions over 3 months:** 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 Behavioral Interventions, Cognitive behavioral therapy Page(s): 23.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines regarding cognitive behavioral therapy "Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks;

With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" Based on the medical records provided for review the patient has had over 30 sessions and an additional six sessions exceeds recommended guidelines. Additionally, there are no indications of symptomology type and severity that would indicate that more sessions should be authorized. Treatment notations also reflect that the patient has derived maximum benefit from the treatment. The request for six additional psychotherapy sessions over three months is not medically necessary and appropriate.