

<b>Case Number:</b>	CM13-0068144		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 injured worker is a 53 year old male who reported an injury on 09/15/2010 secondary to lifting. The diagnoses include anxiety and somatoform disorder. The injured worker was evaluated on 11/25/2013 for reports of anxiety, panic and sleep difficulties. The exam noted depressed mood, muted affect, anergia, Beck depression score of 21 and Beck anxiety score of 17. The plan of care indicated cognitive-behavioral therapy for ten sessions. The request for authorization form was signed on 11/14/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INDIVIDUAL PSYCHOTHERAPY ON A WEEKLY BASIS FOR TEN (10) SESSIONS:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness And Stress Chapter, Psychotherapy Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

**Decision rationale:** The request for individual psychotherapy on a weekly basis for ten sessions is non-certified. The California MTUS Guidelines recommend up to 3-4 initial sessions for a

trial. The injured worker has psychometric scores to suggest depression and anxiety; however, the request is for a total of ten sessions. The request exceeds the allowed total number of sessions. Therefore, the request is not medically necessary or appropriate.