

<b>Case Number:</b>	CM14-0102208		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 26-year-old male who reported an injury on 11/20/2012. The mechanism of injury was not provided for clinical review. The diagnoses included post-traumatic stress disorder, acute stress disorder, and depressive disorder. These treatments included psychotherapy and medication. In the clinical note dated 06/04/2014, it was reported the injured worker stated he had improved and felt less overall anxiety. Within the physical examination, the provider noted the injured worker continued with dreams about the incident and some flashbacks, but are decreasing. The provider indicated the injured worker is coping better with and maintaining anxiety. The request submitted is for 15 sessions of psychotherapy; however, a rationale was not provided for clinical review. The Request for Authorization was provided and submitted on 06/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **15 Psychotherapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines.

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

**Decision rationale:** The injured worker reported feeling improved and felt overall less anxiety. The California MTUS Guidelines recommend psychotherapy referral after 4 weeks if a lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvement, a total of 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establish baseline by which to assess improvement during therapy. The injured worker has undergone psychotherapy however, the amount of psychotherapy the injured worker has already undergone was not provided for clinical review. The request for 15 psychotherapy sessions exceeds the guidelines recommendation of a total of 6 to 10 visits. Therefore, the request is not medically necessary.