

<b>Case Number:</b>	CM14-0131090		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/12/2003
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Board Certified in Psychology 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 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 claimant is a 64 year-old male [REDACTED] with a date of injury of 4/12/03. The claimant sustained multiple injuries when he was assaulted while working as a loss prevention agent for [REDACTED]. In the most recent PR-2 report dated 7/9/14, the claimant is diagnosed with: (1) Other testicular hypofunction; (2) Cervicalgia; (3) Cervical spondylosis; (4) Pain in joint involving hand; (5) Other constipation; (6) Adjustment disorder with depressed mood; (7) Tenosynovitis elbow; (8) Lesion of ulnar nerve; (9) Chronic pain syndrome. The claimant has been treated for his work-related injuries with medications, TENS unit, occupational therapy, spinal cord stimulator, psychiatric services, and psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOTHERAPY 20 SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the limited medical records submitted, the claimant continues to experience psychiatric symptoms secondary to pain. He has been receiving psychotropic medication from psychiatrist, [REDACTED], and psychotherapy/biofeedback from [REDACTED]. Unfortunately, there were no psychiatric/psychological records submitted for review. As a result, there is no information regarding the number of sessions completed, the responses to those sessions, whether there has been any objective functional improvements, etc. Without information about the claimant prior services, the need for additional sessions cannot be fully determined. Additionally, the request for an additional 20 sessions appears excessive given the amount of psychotherapy that has already likely been completed. As a result, the request for additional "psychotherapy 20 sessions" is not medically necessary.