

<b>Case Number:</b>	CM14-0137356		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Psychiatry 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:

Injured worker is a 35 year old male with date of injury 4/1/2013. Date of the UR decision was 8/7/2014. Mechanism of injury was described as interpersonal conflict, racial discrimination, and physical injuries sustained during the course and scope of his employment. Report dated 8/12/2014 suggested that he had been receiving treatment on an individual basis with a licensed therapist and the injured worker had noted that treatment had been beneficial. He stated that he was more socially active, was less irritable, and had less trouble completing tasks. He was able to concentrate better, without his anxiety interfering with his thought process. He had stopped experiencing crying spells. He also noted that he was previously having panic attacks about one or twice per week, but specified that it has since resolved and his last attack was months prior to this report. He felt that without continued psychological treatment he feels his anxiety would likely worsen. He had been continued on psychotropic medications namely Remeron 30 mg, and Xanax 1 mg, which he was taking four days per week. He was diagnosed with Depressive Disorder Not Otherwise Specified and Generalized Anxiety Disorder. It was indicated that he had eight sessions of therapy to date with evidence of objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy for 12 sessions, once per week:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** ODG Psychotherapy Guidelines recommend: "Up to 13-20 visits over 7-20 weeks" (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)The injured worker has had 8 sessions so far with evidence of functional improvement. The request for Individual psychotherapy for 12 sessions, once per week is medically necessary.