

<b>Case Number:</b>	CM14-0172254		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Psychologist 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 37-year-old female who reported an injury on 11/15/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of adjustment disorder and anxiety. Past medical treatment consisted of psychotherapy and medication therapy. Medications consisted of Alprazolam SR 0.5 mg and Xanax. On 01/03/2014, the injured worker complained of anxiety. The psychiatric evaluation revealed that she was depressed, nervous, and had mood swings. She had no complaints regarding loss of energy. She denied suicidal ideation. The examination revealed that the injured worker's behavior was not uncooperative, distant, or hostile. The treatment plan is for the injured worker to continue with psychotherapy. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 10 psychotherapy visits, weekly:** 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), Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Cognitive Behavior Therapy Guidelines for Chronic Pain, page 23

**Decision rationale:** The request for additional 10 individual psychotherapy visits for 10 weeks is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week 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 up to 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 a baseline by which to assess improvements during therapy. In the submitted documentation, it was indicated that the injured worker had previous psychotherapy sessions. However, there was no indication that the psychotherapy sessions were beneficial to the injured worker. Furthermore, the request as submitted is for an additional 10 psychotherapy sessions, exceeding the recommended guidelines. Additionally, there was no rationale submitted for review to warrant the continuation of psychotherapy. As such, the request is not medically necessary.