

<b>Case Number:</b>	CM14-0065709		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Clinical 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:

According to the records that were provided for this independent review, this is a 49-year-old female who reported an industrial work related continuous trauma injury starting 01/20 4/11-08/21/12 during the normal and usual customary work duties of her job position. The injury reportedly is related to complex interpersonal issues with a supervisor/boss that contributed to a hostile work environment. Anxiety, stress and memory difficulty resulted as a function partially as result of increased lupus symptoms that were aggravated by her stress levels. She has been diagnosed with Adjustment disorder with anxiety; Psychological factors affecting medical condition; and Major depressive disorder moderate to severe. She is reporting obsessively worrying sadness and anxiety. The request for 20 sessions held weekly psychotherapy was made, and non-certified. This independent review will address a request to overturn the non-certification decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 weekly sessions of psychotherapy:** 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 Mental Illness & Stress, Psychotherapy.

**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, Psychotherapy.

**Decision rationale:** The utilization review rationale for not medically necessary was stated that the patient has already had at a minimum 25 sessions and that documentation of the results of those sessions was insufficient and if the document objective improvements that were derived from them that would substantiate additional treatment sessions being provided. A detailed treatment summary was provided for the purposes of this review and stated that the patient has not in fact that 25 sessions only five (5) sessions. Unfortunately this letter while detailing her symptoms and the circumstances of her injury in great detail, as well as a treatment plan, did not provide any documentation substantiating functional improvement that were derived from the prior five sessions of treatment. In addition, the progress notes from individual sessions were a summarized version and not the individual reports. If in fact the patient has only had five sessions should be eligible for additional treatment up to a maximum of 13 to 20 sessions, if progress is being made. Due to the lack documentation of objective functional improvements were even the reference to progress being made and unable to overturn the decision of non-certification that was made. This decision is not a reflection of the patients actual need, or lack thereof, for further psychological treatment only that there is insufficient documentation of information provided to allow for the overturning of the decision, therefore the request is not medically necessary.