

<b>Case Number:</b>	CM14-0075955		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 45 year old male with date of injury 7/30/2009. Date of UR decision 4/28/2014. Report dated 1/29/2014 indicated that the injured worker had been undergoing treatment with psychotropic medications and psychotherapy. The provider recommended treatment consisting of participation in cognitive-behavioral and supportive psychotherapy on a weekly basis for six months and eventually reducing the frequency of his psychotherapy sessions to possibly one or twice per month for an additional six months. It was recommended that he should participate in a psychiatric treatment on any every other month basis for one year. The provider recommended 24 additional sessions of individual psychotherapy to deal with any residual symptoms secondary to the orthopedic injuries. Diagnosis given to the injured worker were; Anxiety Disorder Not Otherwise Specified; Male Hypoactive Sexual Desire Disorder Due to Chronic Pain, Sleep Disorder due to Chronic Pain, Insomnia Type; and Psychological Factors Affecting Medical Condition, Gastric Disturbances.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Individual Psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102>. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Stress and Mental illnesschapter, <Cognitive therapy for depression.

**Decision rationale:** The submitted documentation indicates that the injured worker had monthly sessions of psychotherapy in 2011. It has been suggested that he has undergone extensive psychotherapy treatment. The request of additional 24 Individual Pyschotherapy sessions is exceeds the guideline recommendations and thus is not medically necessary.