

<b>Case Number:</b>	CM15-0005449		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Psychologist

### 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 (IW) is a 50 year-old male [REDACTED] with a date of injury of 6/19/2012. The IW sustained injury to his brain via a stroke while working for the [REDACTED]. It is reported that the IW has been experiencing symptoms of depression and anxiety as well as pain since his injury. He was authorized for 6 psychotherapy sessions with [REDACTED] in April 2014. The request under review is for an additional 12 psychotherapy sessions over 3 months, which was modified to 6 psychotherapy sessions over 3 months by UR on 12/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy sessions x 12 over 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Functional improvement Page(s): 101, 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

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

**Decision rationale:** Based on the review of the medical records, the injured worker received an authorization for an initial 6 psychotherapy sessions with [REDACTED] in April 2014. It is unclear whether the injured worker completed a psychological evaluation prior to this authorization as there was no record of one within the records submitted for review. There were 4 handwritten psychotherapy notes dated 6/4/14, 6/16/14, 7/10/14, and 7/24/2014 submitted for review. It is unclear as to when the final 2 authorized sessions occurred. Unfortunately, they did not offer sufficient information regarding objective functional improvements to substantiate the need for additional sessions. As a result, the request for an additional 12 psychotherapy sessions is not medically necessary.