

<b>Case Number:</b>	CM15-0103788		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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 is a 30 year old female, who sustained an industrial injury on 12/27/2012. She reported a fall from a train. The injured worker was diagnosed as status post maxilla-facial fracture surgery, anxiety disorder, severe major depression and major depressive disorder. Brain magnetic resonance imaging was within normal limits. Treatment to date has included physical therapy, brace, orthotics, TENS (transcutaneous electrical nerve stimulation), physical therapy, neurology-behavioral therapy and medication management. In a neurobehavioral progress note dated 3/20/2015 and a medical progress note dated 3/19/2015, the injured worker reports feeling better emotionally and more in control. Physically the injured worker reports left ankle, wrist and forearm pain with low back pain. Objective behavior showed moderate depression with down gazing and soft speech and physical examination showed a tender left Achilles. The treating physician is requesting 8 psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional Psychotherapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guideliens for Chronic Pain.

**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, Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker was evaluated by [REDACTED] in August 2014 and began subsequent psychotherapy with [REDACTED], under the supervision of [REDACTED]. It is assumed (via the number of authorized sessions) that the injured worker has completed approximately 16 psychotherapy sessions however, this is not indicated within the most recent PR-2 report dated 3/20/15. In the treatment of depression, the ODG recommends up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. Although the injured worker appears to be making progress as a result of the completed services, the request for an additional 8 sessions exceeds the recommended total number of psychotherapy visits. It is noted within the ODG that "in cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." However, the documentation submitted fails to argue that the injured worker's case is severe and requires more sessions than the recommended 20. As a result, the request for an additional 8 sessions is not medically necessary.