

<b>Case Number:</b>	CM15-0019389		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Texas  
 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 40-year-old female who reported an injury on 10/01/2009 due to an unspecified mechanism of injury. On 12/12/2014, she presented for an evaluation regarding her work related injury. She reported feelings of hopelessness and helplessness, self criticism, low self esteem but it was noted that this has decreased in severity as had her depression, fatigue and social withdrawal. She continued to be agoraphobic but was spending less time in bed and continued to experience poor concentration and short term memory loss. She reported being unable to perform basic tasks such as paying bills or going shopping but it was stated that she was beginning to gradually perform these tasks. Her panic attacks have remained minimal to 1 per week and were becoming less severe. Objective findings show that it remained that she could not tolerate the effects of her memories of being continually harassed at work and that when her memories were triggered she became instantly emotionally overwhelmed to the extent of thought paralysis. She was diagnosed with major depressive disorder, moderate, single episode, panic disorder with agoraphobia, and an axis V of 55. The treatment plan was to continue to be seen by a psychologist twice monthly for 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy twice monthly for 6 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Mental Illness and stress chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines indicate that psychological treatment should be performed when there is evidence of depression, anxiety, or irritability. The documentation provided does indicate that the injured worker had symptoms of depression and anxiety. However, further clarification is needed regarding how many sessions of psychotherapy she had attended previously as well as her response to those sessions in terms of a decrease in her psychological symptoms and an improvement in function. Without this information, additional psychotherapy would not be supported. Therefore, the request is not medically necessary.