

<b>Case Number:</b>	CM15-0133435		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	10/08/1998
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 is a 49-year-old male who sustained an industrial injury on 10/08/1998. There was no mechanism of injury documented. There were no previous surgical interventions or prior therapies discussed in the medical review. The injured worker was diagnosed with traumatic brain injury, failed neck and back syndrome, depression, anxiety and alcohol, prescription drugs and illicit drug usage with multiple attempts to achieve sobriety. The injured worker has a recent history of seizures secondary to Fentanyl inhalation. According to the treating physician's progress report on June 3, 2015, the injured worker continues to struggle with the addiction process and the emotional and situational consequences. Currently the injured worker is in early recovery and participating in an outpatient rehabilitation program and attending Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) meetings. Current medications are listed as Prozac, Abilify and Lamictal. Treatment plan consists of continuing psychotherapy, continuing with Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) meetings, break relationships with non-sober friends, Department of Rehabilitation (DOR) for vocational support, continuing with prescribed medications as directed, maintain follow-up with physicians and psychological appointments and the current retrospective request for 12 individual psychotherapy sessions (DOS: not clear) to maintain sobriety, productivity, activity and return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS: unclear) 12 individual psychotherapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter: Cognitive Therapy.

**Decision rationale:** Based on the review of the medical records, the injured worker received psychological services from [REDACTED] from October 2014 through March 2015 for a total of 10 sessions. The request under review is for 12 retrospective visits from October 2014 through 2015. It is unclear as to why twelve sessions are being requested when only ten were completed. Based on the UR determination letter, two of the completed 10 sessions had previously been authorized. As a result, the request for 12 retrospective visits is not medically necessary. It is noted that the injured worker did receive a modified authorization for 8 retrospective visits in response to this request.