

<b>Case Number:</b>	CM15-0180001		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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:

This injured worker is a 42 year old male, who sustained an industrial injury on 03-14-2003. The injured worker was diagnosed as having episode of mental-clinical disorder, major depression-single episode, and post trauma stress disorder, sleep disorder due to a medical condition, sexual dysfunction, pain disorder and opioid dependency. On medical records dated 08-11-2015, subjective complaints were noted as depressed mood, reduced interest in activities, fatigue, and diminished ability to think or concentrate, sleep disturbance and weight changes. Objective findings were noted as being severe range of clinical depression on Becks Depression Inventory, flat affect and the injured worker was noted as sad, fearful, pessimistic with moderate anxiety. The injured worker was noted to be able to work with modification. Treatment to date included ongoing individual therapy, urine toxicology screening, and pain medication. Current medication was listed as MSContin and Soma and Pristiq. The Utilization Review (UR) was dated 08-29-2015. The UR submitted for this medical review indicated that the request for unknown ongoing individual therapy was modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown ongoing individual therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 has been receiving psychological services for the treatment psychiatric symptoms. These symptoms are secondary to the chronic pain he continues to experience as a result of his work-related injury in 2003. Although the injured worker continues to exhibit symptoms of depression, the request for an unknown number of additional therapy sessions remains too vague as it does not indicate an exact number of sessions being requested. As a result, the request for unknown ongoing individual therapy is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 5 sessions in response to this request.