

<b>Case Number:</b>	CM15-0185492		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	10/15/2006
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 50-year-old female, who sustained an industrial injury on 10-15-2006. The injured worker is undergoing treatment for right index finger, bilateral upper extremity, cardiovascular system, nervous system, psychiatry, gastrointestinal system and sleep disorder. On 6-14-15, her symptoms for depression and anxiety are reported as remaining the same. She rated her depression a 4 out of 10. She also reported having inability to fall or stay asleep. On 6-17-15, she reported continued symptoms of depression and anxiety. She also reported issues with memory, concentration, feeling tired, and weight loss. She indicated she had chronic pain which keeps her awake at night. She rated her level of depression as 4 out of 10, and anxiety as 2 out of 10. Objective findings revealed her to have an anxious and depressed mood. The treatment and diagnostic testing to date has included: at least 6 completed psychotherapy sessions, urine toxicology (4-1-2011), sleep study (2-21-15). Medications have included: Bupropion 300mg, Bupropion 150mg, Clonidine, and Pamelor. Current work status: temporarily partially disabled psychiatrically. The request for authorization is for: psychotherapy x10. The UR dated 8-24- 2015: non-certified the request for psychotherapy x10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy X 10: Upheld**

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

**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 psychiatric services from [REDACTED] and psychological services from [REDACTED], under the supervision of [REDACTED]. Although it could not be found within the medical records from [REDACTED] and [REDACTED], the UR determination letter, dated 8/24/15, indicated that the injured worker had completed 6 psychotherapy sessions. The request under review is for an additional 10 sessions. Unfortunately, the documentation within the records fails to offer sufficient information regarding the number of completed sessions to date nor the injured worker's progress and improvements from the completed sessions. Without sufficient information to substantiate the need for additional treatment, the request for 10 additional psychotherapy sessions is not medically necessary.