

<b>Case Number:</b>	CM15-0189257		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/30/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 32 year old female, who sustained an industrial injury on July 30, 2014. She reported multiple injuries after an attack. The injured worker was diagnosed as having major depressive disorder, posttraumatic stress disorder and anxiety. Treatment to date has included physical therapy, diagnostic studies, medications, counseling and psychiatric treatment. On May 6, 2015, the injured worker was reported to being "doing fine" regarding her back, hip and knees. Her posttraumatic stress disorder had "turned to the worse." She became tearful and stated that she is having a very difficult time trying to get back to work without support. The treatment plan included a partial hospitalization program and to remain under the care of a psychiatrist. On July 1, 2015, notes stated that she remains unable to work. Her insight and judgment were noted to be good. She was noted to have minimal response to once a week outpatient psychotherapy. Notes from another provider stated that she experienced increased symptoms of increased anxiety, fear, sadness, lethargy, lacks motivation and anhedonia since her attempt to return to work. On September 23, 2015, utilization review denied a request for additional IOP (days) quantity of ten.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional IOP, 10 days:** 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 chapter and pg 30.

**Decision rationale:** According to the guidelines, cognitive therapy is appropriate for those with major depression. UP to 20 visits may be needed if there is objective evidence over the 1st 6 sessions. In this case, the claimant was under the care of a psychiatrist. The claimant did not have significant response to outpatient psychotherapy over 12 sessions. The justification for partial hospitalization and 10 more sessions were not substantiated. As a result, the request for 10 IOP is not medically necessary.