

<b>Case Number:</b>	CM15-0192587		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	08/23/2004
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 is a 62 year old male with a date of injury on 8-23-04. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain of multiple body parts. and major depressive disorder. Progress report dated 8-7-15 reports continued complaints of internal discomfort possibly due to rise in blood pressure. He reports being unable to continue his medication regimen on time due to memory. Objective findings: continues to attend individual therapy on a weekly basis and takes psychotropic medications, cognitive behavior therapy helped increase self worth and acceptance. According to the medical records he has a long standing history of psychotherapy treatment. Request for authorization was made for Individual Psychotherapy #12 Sessions and Psychopharmacology Management quantity 3 Sessions. Utilization review dated 9-16-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy #12 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CBT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness/ Cognitive therapy for depression.

**Decision rationale:** MTUS is silent regarding this issue. ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The injured worker has been treated for chronic pain and major depressive disorder. It has been noted that he has been in psychotherapy treatment, however there is no clear documentation regarding the number of sessions completed so far or any evidence of objective functional improvement with it. The request for additional individual Psychotherapy #12 Sessions is not medically necessary based on lack of information regarding prior treatment.