

<b>Case Number:</b>	CM15-0197441		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	01/09/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 29 year old female who sustained an industrial injury 01-09-10. A review of the medical records reveals the injured worker is undergoing treatment for contusion of right foot and ankle, right ankle strain, major depressive disorder, anxiety, and complex regional pain syndrome. Medical records reveal the injured worker's pain has "increased dramatically." She has been using her hands and upper extremities to care for her 9 week old infant daughter. The treating provider reports (09-13-15) that the injured worker is not coping well and needs to return to treatment to increase her coping mechanisms and pain management techniques, and address and reduce her feelings of helplessness. Prior treatment includes physical therapy, psychotherapy, and medications. The original utilization review (09-29-15) non-certified the request for 6 additional psychotherapy sessions, 2 per month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 2x a month for 6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral therapy (CBT).

**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 received psychological services from [REDACTED]. According to [REDACTED] 8/12/15 letter appealing a prior denial of treatment, the injured worker completed a total of 18 sessions prior to a 4 month hiatus from services due to her pregnancy. In that letter, [REDACTED] provided details of psychiatric decomposition that the injured worker was experiencing following the birth of her child. This information was once again disclosed in [REDACTED] 9/13/15 report. In the treatment of depression, the ODG recommends "up to 13-20 sessions, if progress is being made." It further suggests that "in cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Considering that the injured worker is experiencing an increase in psychiatric symptoms following the birth of her child, the request for 6 additional sessions appears reasonable. As a result, the request for psychotherapy 2X/month for 6 sessions is medically necessary.