

<b>Case Number:</b>	CM15-0208666		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	11/12/2009
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 42 year old male, who sustained an industrial injury on 11-12-2009. The injured worker was being treated for cervical disc disease with central C4-5, C5-6, and C6-7 spondylitic cord impingement and C7-T1 anterolisthesis, T10-11 anterior cord compression status post emergency decompressive laminectomy with persistent anterior compression, and complete T10-11 paraplegia. The injured worker (9-18-2015) reported he was anxiously awaiting authorization for cervical spine surgery. He reported fear of a delay of authorization might result in what happened to his lower spine which led to his paraplegia. Per the treating psychologist (9-18-2015), the injured worker was more interactive, more positive, and was learning to utilize cognitive distraction strategies to manage his physical state and mood symptoms. Treatment has included psychotherapy. On 9-29-2015, the requested treatments included 16 additional psychotherapy sessions related to cervical injury. On 10-16-2015, the original utilization review non-certified a request for 16 additional psychotherapy sessions related to cervical injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 Additional Psychotherapy sessions, 16 visits, related to cervical injury as outpatient:**

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 psychotherapy services from [REDACTED] for an unknown number of sessions over an unknown period of time. There are 8 progress notes included for review from 5/19/15 through 9/21/15. Unfortunately, none of them indicate the number of completed sessions to date or at least the number of sessions that have been completed this year. This information is relevant and pertinent regarding the allotment of additional psychotherapy sessions. In the treatment of depression, the ODG recommends "up to 13-20 visits... if progress is being made." In the treatment of severe depression, the ODG recommends "up to 50 sessions, if progress is being made." Despite [REDACTED] reports of some achieved progress and improvements, without knowing the number of completed sessions, the need for additional treatment cannot be fully determined. Additionally, the request for an additional 16 sessions may be excessive depending upon the number of sessions already completed. As a result of insufficient documentation, the request for an additional 16 psychotherapy sessions is not medically necessary.