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| <b>Case Number:</b>   | CM15-0023199 |                              |            |
| <b>Date Assigned:</b> | 02/12/2015   | <b>Date of Injury:</b>       | 05/24/2013 |
| <b>Decision Date:</b> | 05/19/2015   | <b>UR Denial Date:</b>       | 01/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/06/2015 |

### 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 51 year old male with an industrial injury date of 05/24/2013. His diagnosis was major depressive affective disorder, recurrent episode. Prior treatment includes behavioral therapies and medication. He presents on 10/30/2014 with complaints of depression. The provider documents the injured worker presents with clear depression and anxiety. Attention span, insight and judgment were compromised. Treatment plan consisted of current behavioral and supportive therapies, medications and psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Individual Psychotherapy for 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

**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 PTSD.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial evaluation with treating provider, [REDACTED], in May 2014 and has been participating in follow-up psychotherapy. It is unclear from the supplied records as to how many psychotherapy sessions have been completed to date as well as the objective functional improvements made from those sessions. There is a recent progress submitted from [REDACTED] however, it is undated and some of the handwritten information is illegible. Without more information about the completed sessions to date, the need for additional treatment cannot be fully determined. As a result, the request for an additional 12 psychotherapy sessions is not medically necessary.