

<b>Case Number:</b>	CM15-0034781		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	11/26/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 39 year old, male patient, who sustained an industrial injury on 11/26/2014. A primary treating office visit dated 12/09/2014 reported present complaint of severe depression. The frequency is noted as constant and the symptoms are exacerbated by work. The symptoms are lessened by being away from work. He does complain of insomnia, loss of appetite and a history for chest pains. He was diagnosed with stress reaction. The plan of care mentioned an expected maximum medical improvement date of 01/20/2015. Narcotics were not prescribed. A request was made for 12 sessions of psychotherapy. On 02/03/2015, Utilization Review, non-certified the request, noting the CA MTUS, Psychological Treatment was cited. The injured worker submitted an application for independent medical review of services requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress, Psychotherapy.

**Decision rationale:** The injured employee has had a history of sexual harassment in a hostile work environment and subsequent anxiety and panic attack situations. A psychological evaluation dated January 16, 2015 recommends psychotherapy to help with these issues. However, the official disability guidelines recommends a 4 to 6 session trial followed by a reevaluation to see if there is evidence of symptom improvement to justify additional therapy. As this request is for 12 visits, this request is not medically necessary.