

<b>Case Number:</b>	CM15-0038584		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	01/29/2005
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 41-year-old male, with a reported date of injury of 01/29/2005. The diagnoses include depressive disorder. Treatments have included oral medications. The medical report dated 01/26/2015 indicates that the injured worker stated that he felt worried, had night terror, and had panic attacks. The injured worker continued to have depression, which was worse due to no pain management. It was noted that he had to go to the emergency room. The pain would awaken him at night. The objective findings included pain, and walking with a cane. The treating physician requested psychotherapy. The rationale for the request was not indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, Psychotherapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, psychotherapy is not medically necessary. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work related. See the guidelines for additional details. In this case, the injured worker's working diagnosis is depressive disorder. The injured worker has received prior psychotherapy treatments according to the medical record documentation. The record indicates psychotherapy was initially provided by the patient's private physician and then the claim was changed to a workers compensation claim in 2010. The total number of prior psychotherapy visits to date is not documented in the record. There is no indication of objective functional improvement. There are no long-term goals documented in the medical record. The total number of requested sessions is not in the request for authorization or documented in the most recent progress note January 29, 2015. Consequently, absent clinical documentation with prior psychotherapy treatments to date, the total number of requested upcoming psychotherapy visits with an indication of prior objective functional improvement, psychotherapy is not medically necessary.