

<b>Case Number:</b>	CM15-0047835		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	05/03/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 44 year old female, who sustained an industrial injury on May 3, 2009. The mechanism of injury and type of injury sustained was not provided in the documentation. The diagnoses have included post-traumatic stress disorder and major depressive disorder. Treatment to date has included medications, psychiatric treatments, psychotherapy, stress reduction and weight lifting and cardiopulmonary exercise to cope with anxiety and negative mood. Current documentation dated February 23, 2015 notes that the injured worker requested an urgent visit. The injured worker was noted to be sobbing and reported nightmares, ruminations of paranoid ideations, anger, sense of loss and depression. Physical examination revealed the injured worker to be depressed and anxious, but less agitated. The treating physician's plan of care included continued psychiatric care and a request for psychotherapy fifty minutes twice a month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 50 minutes 2x month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**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 continues to experience symptoms of PTSD and depression despite continued psychotherapy with [REDACTED]. In his February PR-2 report, [REDACTED] recommended continued treatment as was recommended in the AME report, which was not included for review. Although the injured worker will likely benefit from maintenance therapy, the request for bimonthly psychotherapy without an end date is too open-ended and potentially excessive. As a result, the request is not medically necessary.