

<b>Case Number:</b>	CM14-0167401		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	11/24/2012
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in Illinois and Wisconsin. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33 year old female who was injured in November of 2012. She has experienced chronic residual pain from said injury. Evidently she is diagnosed with pain disorder related to psychological factors and PTSD. She is on Nuvigil 150 mg daily and Cymbalta 90 mg daily. She has participated in psychotherapy in the past. The records submitted indicate that the patient has had 8 psychotherapy sessions as of /13 of this year with 6 more having been requested. The provider is requesting coverage for 10 individual psychotherapy sessions. The previous reviewer denied the request based on medical necessity. This is a review of the previous request for coverage for 10 therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **10 Individual Psychotherapy Session: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Mental Illness & Stress, PTSD Psychotherapy Guidelines

**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, Summary of Medical Evidence

**Decision rationale:** ODG recommends up to 13-20 visits over 7-20 weeks if progress is being made and in cases of severe depression or PTSD, a total of 50 visits, again if progress is being made. The patient has had at least 8 sessions and the clinical information submitted does not indicate whether or not progress has been made and if so to what degree. The patient's GAF score indicating mild-moderate impairment and the comorbid diagnosis of moderate, as opposed to severe, depression do not therefore seem to warrant more than the maximum number of sessions indicated by the evidence based guideline cited. Given this information and the lack of objective evidence of progress, the data reviewed do not establish medical necessity for the requested 10 additional individual psychotherapy sessions.