

<b>Case Number:</b>	CM14-0173716		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 licensed in Psychologist and is licensed to practice in Texas. 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:

The injured worker is a 39-year-old female who reported an injury on 04/14/2014. The mechanism of injury was not provided. On 08/18/2014, the injured worker presented for a psychodiagnostic and personality assessment. The injured worker had a Beck Depression Inventory score of 26. The injured worker had an Impact of Events Scale score for avoidance of 26 and a State Trait Anxiety Inventory of 63T. The injured worker participated in cognitive behavioral therapy sessions previously. Diagnoses were post traumatic stress disorder secondary to an animal bite. The provider recommended psychotherapy 12 sessions over 6 months as part of his treatment plan. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 12 sessions over 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment Page(s): 23, 100. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CBT

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23. Decision based on Non-MTUS Citation Guidelines (ODG) Mental Illness and Stress, Cognitive therapy for depression.

**Decision rationale:** The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The Official Disability Guidelines further state that for complicated depression or PTSD, up to 50 sessions may be necessary. The documentation lack evidence of previous psychotherapy sessions, and the efficacy of those sessions has not been provided. The amount of sessions the injured worker participated in was not provided. As such, medical necessity has not been established.