

<b>Case Number:</b>	CM14-0210009		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	05/12/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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 55 year-old male [REDACTED] with a date of injury of 5/12/2010. The injured worker sustained injury when he pushed a car into a shop, resulting in a left inguinal hernia repair on 8/26/2010. The injured worker sustained this injury while working for Zaid Sweiss. He has been treated with physical therapy, medications, chiropractic, and surgery. It is reported that the injured worker also developed psychological symptoms secondary to his work-related injury. According to the Utilization Review Medical Evaluator, the injured worker has been diagnosed with Depressive Disorder and Major Depressive Disorder. It is noted that the injured worker was evaluated by [REDACTED] in mid-2014 and has participated in follow-up psychotherapy services. The number of completed sessions nor the progress from those sessions is known as there are no psychological records included for review. The request under review is for an additional 6 psychotherapy sessions, which was denied by UR on 12/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional cognitive behavioral therapy x6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**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.

**Decision rationale:** Based on the review of the medical records, the injured worker has been participating in psychotherapy with treating psychologist, [REDACTED]. Unfortunately, there are no psychological records to review. Without knowing how many sessions have been completed nor the progress/improvements made from those sessions, the need for additional psychotherapy sessions cannot be determined. As a result, the request for "Additional cognitive behavioral therapy x6 sessions" is not medically necessary.