

<b>Case Number:</b>	CM14-0211956		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 49 year-old female (██████████) with a date of injury of 9/5/2012. She has been diagnosed with: HTN; Situational anxiety; and GERD. She is also diagnosed with Adjustment disorder with mixed anxiety and depressed mood with panic attacks. In addition to receiving psychotropic medications to treat her psychiatric symptoms, the injured has been participating in psychotherapy with ██████████ since 7/15/2013. UR indicates that a total of 21 sessions have been completed to date. The request is for an additional 10 psychotherapy sessions, which were denied by UR on 11/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Additional psychotherapy treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability 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 Chapter.

**Decision rationale:** Based on [REDACTED] most recent progress notes included for review which are from July 2014 through September 24, 2014 and one note from December 2014, the injured worker continues to exhibit depressed mood and anxiety. In her "Psychological Progress Report" dated 11/5/2014, there is no mention of how many sessions have been completed to date and the improvements are reported to be that her "anxiety is less and her functioning is much better. She is more comfortable leaving her home though still somewhat agoraphobic. She is less irritable with family members. She is less self critical. Her sleep has improved. Her overall functioning is improved." Although these are definitely improvements and demonstrate that progress is being made, they are not objective as recommended by the ODG. In fact, the ODG recommends a "total of up to 13-20 visits over 13-20 weeks" as long as there is demonstrated objective functional improvements. Based on the medical records, the injured worker has completed over 20 sessions over a one year duration without sufficient documentation of objective functional improvements. As a result, the request for "10 Additional psychotherapy treatments" is not medically necessary.