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| <b>Case Number:</b>   | CM14-0214279 |                              |            |
| <b>Date Assigned:</b> | 01/07/2015   | <b>Date of Injury:</b>       | 07/22/2012 |
| <b>Decision Date:</b> | 02/28/2015   | <b>UR Denial Date:</b>       | 11/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/22/2014 |

### 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 38 year-old male (██████████) with a date of injury of 7/22/2012. The injured worker sustained injury to his right leg when he was involved in a motorcycle accident while working as a ██████████ for ██████████. He has been diagnosed with nonunited fracture of the junction of the middle distal, third of the right tibia and fibula; open fracture with intramedullary rod fixation and use of electrical stimulation. It is reported that the injured worker also developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his PR-2 report dated 11/17/2014, treating psychologist, ██████████, diagnosed the injured worker with: Major depressive disorder, recurrent, severe without psychotic features; and Fracture, lower limb OT C. The injured worker has been receiving psychotropic medication management services from ██████████ as well as psychotherapy from ██████████ for the treatment of his psychological symptoms. The request under review is for 6 psychotherapy sessions, which were denied by UR on 11/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy x6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 upon the review of the medical records, the injured worker has been receiving psychotropic medication management services from [REDACTED] as well as psychotherapy from [REDACTED] for the treatment of his psychological symptoms. Unfortunately, in the most recent PR-2 report from [REDACTED] dated 11/17/2014, there is no mention as to how many sessions have been completed to date nor the objective functional improvements made from those sessions. Without more specific information, the need for additional treatment sessions cannot be fully determined. As a result, the request for Cognitive Behavioral Therapy x6 sessions is not medically necessary.