

<b>Case Number:</b>	CM14-0216124		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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 (IW) is a 38 year-old female (██████████) with a date of injury of 1/17/2013. The IW sustained injuries when she was involved in a motor-vehicle accident while driving a company vehicle while working for ██████████. The injured worker has been diagnosed with: Cervicothoracic strain/mild arthrosis with possible neural encroachment; left shoulder impingement syndrome with acromioclavicular joint arthrosis, improved; Doubt significant right shoulder or bilateral intrinsic elbow pathology; Bilateral carpal tunnel syndrome; Lumbosacral strain/arthrosis; Left ankle sprain, resolved; Status post concussion with several neurologic complaints; and Psychiatric diagnoses per ██████████. The IW has received treatments including medications, physical therapy, chiropractic, neuropsychological consult, and acupuncture. It is also reported that the IW developed psychological symptoms secondary to her work-related head and orthopedic injuries. She has been diagnosed with Depressive disorder, NOS and has been treated with psychotropic medication management services and psychotherapy. The request under review is for an additional 24 psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 24 visits once per week for 24 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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, Mental Health and Stress Chapter: Cognitive therapy for depression

**Decision rationale:** Based on the review of the medical records, the injured worker has completed a total of 15 medication management/psychotherapy sessions from July 7, 2014 through November 20, 2014. The Official Disability Guidelines recommends a total of up to 20 psychotherapy sessions as long as CBT is being offered and there is documented objective functional improvements being made. Given the fact that the injured worker has already completed 15 sessions, the request for an additional 24 psychotherapy sessions exceeds the recommended number of total sessions. Therefore, this request is not medically necessary.