

<b>Case Number:</b>	CM14-0217882		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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:

This is a 49 year old female who suffered an industrial related injury on 8/21/14. A physician's report dated 1/2/14 noted the injured worker had complaints of psychological symptomology arising out of cumulative stress and interpersonal conflict she sustained during the course and scope of her employment. Diagnoses included major depressive disorder, single episode and generalized anxiety disorder. The injured worker was noted to be temporarily totally disabled from a psychological perspective. A physician's report dated 10/14/14 noted the injured worker felt depressed and anxious. 12 sessions of individual psychotherapy was recommended. On 12/23/14 the utilization review (UR) physician denied the request for 12 psychotherapy sessions. The UR physician noted the total number of psychotherapy sessions along with objective functional progress had not been provided therefore the request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy once a week for twelve weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** Based on the review of the medical records, the injured worker has been experiencing psychological symptoms associated with her work-related injury. She completed a psychological evaluation/consultation with [REDACTED] on 10/14/2014. In that evaluation, [REDACTED] recommended follow-up psychotherapy services. The request under review, an initial trial of 12 psychotherapy sessions, is based upon his recommendations. Although the injured worker is in need of follow-up psychological services, the request for 12 sessions exceeds the ODG's recommendation of an initial trial of 6 visits over 6 weeks. As a result, the request for individual psychotherapy once a week for twelve weeks is not medically necessary.