

<b>Case Number:</b>	CM14-0218994		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	12/18/2002
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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 53 year old female, who sustained an industrial injury on December 18, 2002. She has reported pain of the right wrist and arm. The diagnoses have included mononeuritis, major depressive disorder with psychotic features, and insomnia due to pain. Treatment to date has included physical therapy, medications, and psychotherapy. Currently, the injured worker complains of right sided pain, insomnia, sadness, and anxiety. The treating physician is requesting twenty sessions of psychotherapy for weekly cognitive behavioral therapy and management of the injured worker's symptoms. On December 16, 2014 Utilization Review partially certified the request for the psychotherapy sessions, with an adjustment for the number of sessions, citing the ACOEM and ODG in the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 sessions of Psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-1. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

**Decision rationale:** The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks" may be necessary. Utilizing this guideline, the request for 20 psychotherapy sessions exceeds the recommendation and therefore, is not medically necessary.