

<b>Case Number:</b>	CM15-0007857		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/29/1996
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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 70 year old male who sustained an industrial injury reported on 7/29/1996. He has reported intrusive collections about his occupational stressors that cause him to feel sad, tense, nervous, worried and frustrated; resulting in a tense body, lack of energy, sleep disturbances and feeling apprehensive. The diagnoses have included right shoulder rotator cuff tear (pre-injury, 1993); and depression. Treatments to date have included consultations; diagnostic laboratory and imaging studies; nerve conduction studies with surgery and physical therapy (pre-injury date of (6/93 & 3/94 & 1995); injection therapy (3/98); psychotherapy sessions; and medication management. The status classification for this injured worker (IW) was noted to be psychiatrically permanent and stationary, had met psychiatric maximum medical improvement, and is now retired. On 12/11/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/1/2014, for the prospective referral for Psychotherapy. The Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine, and The Official Disability Guidelines for chronic pain medical treatment guidelines, and psychotherapy for affective disorders, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Psychotherapy quantity 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-01.

**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:** Based on the review of the medical records, the injured worker has been participating in psychotherapy services with [REDACTED] and/or his colleagues since March 2014. Unfortunately, the documentation from [REDACTED] fails to note the number of completed sessions to date nor any objective functional improvements/progress from the completed sessions. It is noted that the injured worker has been deemed psychiatrically MMI/P&S, so objective functional improvements may not be demonstrated per se however, it is important to note the effectiveness of the services in maintaining the injured worker's stability and how the injured worker is utilizing the skills he has learned. Without this information, the need for additional psychotherapy sessions cannot be fully determined. As a result, the request for a referral to psychotherapy is not medically necessary.