

<b>Case Number:</b>	CM15-0010938		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 55-year-old male, who sustained an industrial injury on 04/10/2012. On provider visit dated 10/31/2014 the injured worker has reported sad, hopeless, and worried. On examination, he was noted to have depression and anxiety needing ongoing services. The diagnoses have included adjustment disorder with mixed anxiety and depression. Past treatment included psychotherapy; however, the number of completed sessions are unclear. On 12/12/2014 Utilization Review non-certified 20 individual psychotherapy sessions. The CA MTUS, ACOEM Medical Treatment Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 individual psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400 - 401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive Therapy for Depression, Psychotherapy Guidelines

**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 completed an initial psychological/psychiatric evaluation in 2012. It appears that he began receiving individual psychotherapy from a psychotherapist (LMFT) shortly following the initial evaluation. It appears that he has participated in psychotherapy from the end of 2012 through 2014. It is unclear from the medical records as to how many psychotherapy sessions have been completed to date, particularly in 2014. Additionally, there is minimal information as to the injured worker's progress from the sessions and/or how they have helped him remain psychologically stable. As a result of insufficient information and the fact that an additional 20 sessions appears excessive, the request for an additional 20 psychotherapy sessions is not medically necessary.