

<b>Case Number:</b>	CM15-0014753		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Texas  
 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 20-year-old male who reported an injury on 01/15/2014. The mechanism of injury was not specifically stated. The current diagnoses include dysthymic disorder, post-traumatic stress disorder, and learning disorder. The injured worker presented on 01/08/2015 for a followup psychological evaluation. It was noted that the injured worker had been previously treated with psychological therapy. The injured worker was also participating in a home exercise program. During a prior psychotherapy session on 12/15/2014, the injured worker reported poor sleep quality, memory and concentration difficulty, reduction in appetite, increased frustration, helplessness, and hopelessness. Recommendations at that time included an additional 6 sessions of psychotherapy in conjunction with psychophysiological therapy. A Request for Authorization form was then submitted on 01/08/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy sessions x1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** California MTUS Guidelines recommend cognitive behavioral therapy. Treatment is recommended as an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits, including individual sessions, may be appropriate. In this case, the injured worker has completed a previous course of individual psychotherapy. There was no documentation of objective functional improvement. The injured worker continues to report multiple complaints. Given the above, additional treatment would not be supported. As such, the request is not medically appropriate at this time.