

<b>Case Number:</b>	CM15-0117574		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 45 year old female, who sustained an industrial injury on November 14, 2013, incurring stress related injuries and psychological distress. She was placed on stress leave and placed on temporary total psychological disability. She was diagnosed with major depressive disorder with psychotic features and occupational stress. Treatment included psychotropic medications, psychotherapy sessions, sleep aides, and antidepressants, and work restrictions and modifications. Currently, the injured worker complained of insomnia, paranoia, feeling out of emotional control, emotional agitation and mania. The treatment plan that was requested for authorization included 48 individual psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**48 Individual psychotherapy sessions (2 times per week for 6 months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401, Chronic Pain Treatment Guidelines Cognitive techniques and therapy. Decision based on Non-MTUS Citation ODG Psychotherapy guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for PTSD.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychotherapy for a total of 20 sessions. Although progress has been made, the injured worker continues to struggle with her psychiatric symptoms. It is recommended that the injured worker continue to receive therapy on a twice weekly basis. The request for an additional 48 sessions (2x/week for 6 mos.) is based upon this recommendation. The ODG recommends the use of CBT in the treatment of PTSD. It recommends that in "severe cases of Major Depression or PTSD, up to 50 sessions, if progress is being made." Utilizing this guideline, the request for an additional 48 sessions exceeds the total number of recommended sessions set forth by the ODG. As a result, the request for an additional 48 individual psychotherapy sessions is not medically necessary.