

<b>Case Number:</b>	CM15-0125388		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 26-year-old female, who sustained an industrial injury on 4/03/2012, while working as a lifeguard. She reported a wave hit her and slammed her into sharp rocks. The injured worker was diagnosed as having pain in joint, pelvic region and thigh. A history of juvenile rheumatoid arthritis was noted. Treatment to date has included diagnostics, left hip surgery in 2013, hernia surgery in 2013, ilioinguinal nerve block, genitofemoral nerve injection, electrical stimulation, modified work, and medications. Currently, the injured worker complains of depression, anxiety and panic attacks. She felt that her anxiety was worsened due to pain. Her pain was not rated. It was documented that she met with a psychologist and treatment was recommended. Medications included Soma, Norco, Prozac, Namenda, and Fentanyl patch. The treatment plan included psychotherapy, 1-2 sessions per week, 1-2 hours each session, for two months (16 sessions). Sessions were to manage depression and anxiety, along with managing her pain through cognitive pain therapy. It was documented that a significant portion of her pain had a psychological overlay. She was released from work in 3/2015 after hitting a parked car and not reporting the incident. Her work status was partial temporary disability and she was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 1-2 sessions per week, 1-2 hours each session times 2 months (16 sessions):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 depression.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain since her injury in April 2012. She has also developed psychiatric symptoms secondary to her work-related physical injuries and chronic pain. In the May 2015 progress report, treating provider, [REDACTED], outlined the injured worker's symptoms, including her psychiatric symptoms. He indicated that the injured worker had recently seen psychologist, [REDACTED]. He recommended that the injured worker continue to receive follow-up psychotherapy treatment with [REDACTED], for which the request under review is based. Unfortunately, [REDACTED] psychological assessment nor treatment notes were included for review. Without more thorough information about the injured worker's psychiatric symptoms and subsequent treatment recommendations, the need for psychotherapy cannot be fully determined. As a result, the request for 16 sessions of psychotherapy is not medically necessary.