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| <b>Case Number:</b>   | CM15-0126764 |                              |            |
| <b>Date Assigned:</b> | 07/21/2015   | <b>Date of Injury:</b>       | 11/07/2003 |
| <b>Decision Date:</b> | 08/24/2015   | <b>UR Denial Date:</b>       | 06/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/30/2015 |

### 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 68 year old female who sustained an industrial injury on 11/7/03. Progress report dated 6/8/15 reports injured worker with depression, low self esteem, fears regarding future, anxiety, autonomic symptoms and sleep disorder. Diagnosis is anxiety disorder. Plan of care includes: request individual psychotherapy and anti-depressant. Follow up in 45 to 60 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy (no frequency/ duration):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive behavioral therapy (CBT).

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychiatric medication management services for anxiety from treating psychiatrist, [REDACTED]. In the PR-2 report dated 6/8/15, [REDACTED] recommended psychotherapy. Unfortunately, the included documentation is extremely limited. It does not appear that the injured worker has completed a thorough psychological evaluation that would not only confirm diagnostic information, but also provide appropriate psychological treatment recommendations. Additionally, [REDACTED] reports are fairly illegible and do not offer much information regarding symptoms and how those symptoms are impairing the injured worker's functioning. Lastly, the request for an unknown number of psychotherapy sessions is too vague. As a result of the above information, the request for an unknown number of individual psychotherapy sessions is not medically necessary.