

<b>Case Number:</b>	CM15-0172678		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	06/25/2011
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 48-year-old male who sustained multiple industrial injuries June 25, 2011. Secondary to physical injuries, chronic pain, and possible closed head injury, diagnoses related to this request include posttraumatic stress disorder, major depressive disorder, anxiety disorder due to medical condition, panic disorder, somatoform disorder and pain disorder. Documented treatment includes visits with a psychologist and anti-depressant and anti-anxiety medications resulting in a statement in the physician's progress report of August 26, 2015 to be "beginning to show improvement." A June 17, 2015 psychiatric evaluation determined a need for outpatient individual psychotherapy. The treating physician's progress report states a request for 10 weekly psychotherapy sessions, which was modified August 31, 2015 to four visits. Current work status per an August 27, 2015 report states he can work full duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy once a week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. 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 has developed psychiatric symptoms secondary to his work related physical injuries sustained in the motor vehicle accident in June 2011. He completed an initial psychiatric evaluation with [REDACTED] on 6/17/15. In the evaluation report, [REDACTED] recommended follow-up medication management services, neuropsychological evaluation, and outpatient psychological treatment. In a follow-up PR-2 report dated 7/29/15, [REDACTED] offered the same recommendations as he had in the evaluation report. The request under review, for weekly psychotherapy, is based on this recommendation. Unfortunately, although [REDACTED] presented adequate information to support follow-up psychotherapy services, the request under review remains too vague as it does not indicate a specific number of sessions requested; nor a duration of time for which the sessions are to occur. In the treatment of chronic pain, the CA MTUS recommends initial 3-4 psychotherapy sessions. In the treatment of depression, the ODG recommends initial 13-20 sessions. Without more specificity, the request for psychotherapy once a week is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 psychotherapy sessions in response to this request and therefore is not medically necessary.