

<b>Case Number:</b>	CM15-0047883		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/06/2008
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 a work related injury May 6, 2008, after being struck by bales of hay with bodily injury. Past history included comminuted fracture in the right scapula with ongoing intractable shoulder pain, neuropathic burning pain in the right upper extremity, chronic rotator cuff tendinopathy, hemothorax and pneumothorax with chest tube placement in the right rib area with ongoing sensitivity and multiple fractures due to chest trauma and possible residual neuroma at the scar site, post-concussive headaches, and depression and anxiety following industrial injury. According to a psychological treatment update, dated January 29, 2015, the injured worker has received individual psychotherapy on one occasion, January 22, 2015 since November 26, 2014. He has had a total of 37 visits dating back off and on to February 24, 2011. He continues to experience anxiety and depressive symptoms. He has pain in his upper body, especially the right shoulder and neck. Treatment strategies include relaxation exercises, stress management techniques, anger management, and cognitive restructuring. Treatment plan included a request for four to six additional sessions of individual psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of individual psychotherapy:** Overturned

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

**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; Cognitive therapy for PTSD.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving both psychiatric medication management services as well as individual psychotherapy for the treatment of his depression, pain, and PTSD symptoms. It appears that the injured worker has completed approximately 37 psychotherapy sessions since his initial psychological evaluation with [REDACTED] in February 2011. These sessions have been conducted on a sporadic basis with approximately 8 of them occurring in 2014. In his November 2014 progress report, [REDACTED] indicated that he would likely not need any additional sessions however, in his January 2015 report, he documented an increase in the injured worker's symptoms. Given the fact that the injured worker received less than 10 psychotherapy sessions in 2014 and only one session in 2015, the request for an additional 6 psychotherapy sessions appears reasonable to help the injured worker solidify gains and prepare for termination. As a result, the request is medically necessary.