

<b>Case Number:</b>	CM15-0076527		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	01/20/2003
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 50 year old male who sustained an industrial injury on 1/20/03. The injured worker reported symptoms of anger. The injured worker was diagnosed as having major depressive disorder, psychologic factors affecting medical condition, somatic symptoms disorder with predominant pain, and obsessive compulsive disorder. Treatments to date have included cognitive behavioral therapy. Currently, the injured worker complains of symptoms of anger and irrational behavior. The plan of care was for psychotherapy and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 weekly individual psychotherapy sessions (52 min per session): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, 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 Behavioral Therapy.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychological services with [REDACTED] since 2013. In the April 2015 UR determination letter, it was noted that the injured worker has completed "upwards of 80 sessions" total. Although the injured worker continues to be symptomatic in regards to his anger outburst, irrational thinking, and obsessive behaviors, he has received more than the recommended number of psychotherapy sessions per ODG. There has not been enough progress demonstrated or improvement shown from the completed sessions. Additionally, there have not been any true changes in the treatment plan to accommodate the lack of significant and consistent improvement. As a result, the request for an additional 10 weekly psychotherapy sessions is not medically necessary.