

<b>Case Number:</b>	CM15-0079078		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 30-year-old female patient who sustained an industrial injury on 05/23/2012. A psychiatric evaluation dated 08/20/2014 reported the patient with subjective complaint of "I am stressed, depressed, anxious and upset because I have to relive the incident." "My emotional condition has gotten 50% worse since my original injury." The patient describes working conditions as uncomfortable, co-workers, and supervisors harassed her. She made attempts to transfer to a closer store to no availability. She has no report of any physical complaints. In addition, she is suffering from headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych Therapy 45-50minutes a week for ten weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy for Chronic Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress and Mental Illness Topic: Cognitive therapy for depression.

**Decision rationale:** MTUS is silent regarding this issue. ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The submitted documentation suggests that the injured worker has completed over 25 psychotherapy sessions so far. She has already exceeded the guideline recommendations for psychotherapy treatment per ODG. Also, there is no information regarding objective functional treatment from the treatment so far. Thus, the request for Psych Therapy 45-50 minutes a week for ten weeks is not medically necessary.