

<b>Case Number:</b>	CM13-0002040		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2013

### 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. The Expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 34 year-old male with a date of injury of 3/28/11. He sustained injuries both to his left hand and back. He has received physical therapy, medications, H-Wave therapy, and surgery for his medical injuries. In his 6/10/13 report, [REDACTED] diagnosed the claimant with: (1) Lumbar facet syndrome; (2) Low back pain; and (3) Hand pain. The claimant also sustained injury to his psyche as a result of the work-related incident and has been treated with psychotropic medications, psychotherapy, and biofeedback. According to [REDACTED] last report offered for review dated 5/3/13, the claimant is diagnosed with: (1) Pain disorder due to general medical condition; (2) Major depressive disorder; (3) Anxiety disorder NOS; (4) Somatization disorder; and features of PTSD. It is the claimant's psychiatric diagnoses that are relevant to this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**four sessions of psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress Chapter, Cognitive Therapy for depression.

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guidelines regarding the behavioral treatment of depression will be used as reference for this review. Based on the review of the medical records, the claimant's last psychotherapy session was 5/3/13. It appears that he completed a total of 24 sessions between August 2012 and May 2013. The ODG recommends that for the behavioral treatment of depression an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions) may be provided. The claimant has already exceeded the recommended number of total visits set forth by the ODG. Therefore, additional sessions do not appear warranted. As a result, the request for an additional 4 psychotherapy sessions is not medically necessary.