

<b>Case Number:</b>	CM13-0016460		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 33 year-old female (██████████) with a date of injury of 12/7/07. The claimant sustained injuries to her neck, back, and shoulders when she lifted an elderly client off of a massage table while working for ██████████. The claimant has been treated via medications, massage, physical therapy, and injection. Additionally, it is reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In her "Doctor's First Report of Occupational Injury or Illness", ██████████ diagnosed the claimant with Major depression, single episode, moderate and Panic disorder without agoraphobia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**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.

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding cognitive therapy for depression will be used as reference for this request. Based on the review of the medical records, the claimant was initially referred to [REDACTED] for psychiatric services in August 2008 and continued services until possibly 2012. It appears that the claimant may have begun psychological services sometime in 2009 and was treated on a weekly basis by [REDACTED] from the [REDACTED] until the end of 2010. There are no notes in the records submitted for review to confirm the exact nature of services and how long they were offered. More recently, it appears that the claimant completed an evaluation with [REDACTED] on 7/26/13. It is assumed that the claimant began psychological services with [REDACTED] however, there are no records submitted for review following the "Doctor's First Report of Occupational Injury or Illness" dated 7/26/13. In addition to not having sufficient information about completed services, the request for "psychotherapy, 45 minutes with patient and/or family member" remains too vague as it does not indicate how many sessions are being requested and over what duration the sessions are to occur. Without more specific information regarding treatment to date and what exactly is being requested, the need for additional sessions cannot be fully determined. As a result, the request for "psychotherapy, 45 minutes with patient and/or family member" is not medically necessary.