

<b>Case Number:</b>	CM13-0022359		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	07/01/2007
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified 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 physician 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 50 year-old injured worker with a date of injury of July 1, 2007. Neither the mechanism of injury nor the injuries sustained were within the medical reports. According to [REDACTED] PR-2 reports, the claimant is diagnosed with Major depressive disorder, single episode, severe, without psychotic features.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral psychotherapy, 24 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Official Disability Guidelines (ODG) recommends, "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" may be necessary. The medical records reviewed do not provide enough information to determine the need for additional services. It is unclear as to how many sessions have been completed to date and what functional improvements have been made from

the completed sessions. Additionally, the request for 24 psychotherapy sessions exceeds the total number of sessions recommended by the Official Disability Guidelines for the cognitive treatment of depression. The request for cognitive behavioral psychotherapy, 24 sessions are not medically necessary and appropriate.