

<b>Case Number:</b>	CM13-0026482		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	08/27/1999
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 75 year-old male (DOB) with a date of injury of 8/27/99. According to medical reports, the claimant sustained a work-related injury when he was involved in a tractor accident that resulted in quadriplegia/tetraplegia. He has received numerous medical and psychological services since the accident. He was initially given a psychiatric diagnosis of adjustment disorder with mixed episodes of depression and anxiety; however, It is believed by [REDACTED] that the claimant experienced another injury related to the original injury in January 2013. As a result of this new psychiatric injury, [REDACTED] changed his diagnosis on his June 5, 2013 report to Major depressive disorder, single episode, severe, with psychotic symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional cognitive behavioral psychotherapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

**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:** Based on [REDACTED] supplemental report dated 8/28/13, the claimant has received monthly psychotherapy sessions with [REDACTED], MFT, from January 2013 through June 2013. Although the claimant continues to struggle with his psychiatric symptoms, there had been some very slight improvements noted, such as improved sleep and managing the change in health care providers. The Official Disability Guidelines recommend 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 needed. It appears that the claimant has received 6 visits since January 2013. Based on the cited guidelines, the claimant can be afforded further sessions. As a result, the request for "12 additional cognitive behavioral psychotherapy sessions" is medically necessary. It is suggested that the claimant increase his services from monthly to bimonthly to help him stabilize.