

<b>Case Number:</b>	CM13-0032405		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/21/1994
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 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 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 71 year-old female with a date of injury of 9/21/94. Neither the mechanism of injury nor the injuries sustained were within the medical reports. According to [REDACTED], [REDACTED], and [REDACTED] PR-2 reports, the claimant is diagnosed with Major depressive disorder, recurrent, in partial remission.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral psychotherapy once a week for twenty four weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Mental Illness and Stress regarding Cognitive Therapy for Depression.

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

**Decision rationale:** 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 objective functional improvements have been made from the completed sessions. Most of the psychological PR-2 reports (from 10/5/12-7/5/13) state that the

claimant "continues to benefit from psychotherapy to assist in dealing with depression consequent to industrial injury", however, this generic statement is used each and every time without any elaboration on what exactly is the improvement. 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 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. Due to the lack of information with the medical records reviewed and the number of sessions requested exceeding the cited guidelines, the request for cognitive behavioral psychotherapy (24 sessions) is not medically necessary.â€