

<b>Case Number:</b>	CM13-0033722		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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:

According to the records that were provided for this independent review, this patient is a 70 year old male who reported an industrial/occupational work-related injury on May 21, 2013. No details with respect to the injury were provided. According to a note from the patient's Psychologist, from September 2013, the patient reports with anxiety, depression, sleep disorder, social withdrawal, poor self-esteem, decreased libido, fatigue, headache, appetite loss and weight change, and sexual dysfunction. He has been diagnosed with: Major Depressive Disorder, Single Episode, Severe; and Psychological Factors Affecting Medical Condition. A request was made for 10 individual psychotherapy sessions to be held on a weekly basis, the request was non-certified. The utilization review rationale for non-certification was that objective findings were not documented in the clinical records and that no rationale was provided. This independent review will address a request to overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten individual psychotherapy sessions on weekly basis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter,  
Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update.

**Decision rationale:** There were no details really provided for anything with respect to this patient's injury or her psychological condition or her prior treatment history, other than a brief one sentence list of symptoms and a second list of her diagnoses. It is impossible to tell whether this request for treatment is an initial request for treatment or if it is a request for continuing sessions. It is unknown whether she has had any prior treatment and if so what the outcome was. It is unknown how many sessions she has had in the past if this is not an initial treatment request. According to the Chronic Pain Medical Treatment Guidelines and initial block of 3 to 4 sessions of cognitive behavioral therapy can be provided and that additional sessions can be authorized if the patient is making objective functional improvements. There was no indication of objective functional improvements being made. If this was a initial treatment request then the request for 10 sessions is excessive is only three to four should be provided. If the request is for continued treatment the quantity of sessions being requested may, or may not be appropriate contingent on how many prior sessions that she has had. It would also be important to note exactly what outcome has been of any prior sessions if any were held. Continue treatment is contingent on a patient making objective functional improvements and not solely based on symptomology severity. According to the ODG guidelines patients may have 13-20 sessions maximum if progress is being made any cases of the very severe depression, which may apply to this patient, additional sessions up to 50 can be provided if progress is being made. This progress has to be include a reduction in work restrictions, if applicable, or an increase in ADL activity, or a reduction on dependency on future medical treatments. No documentation with respect to any of these issues was provided whatsoever. Therefore the request for ten individual psychotherapy sessions on weekly basis is not medically necessary or appropriate.