

<b>Case Number:</b>	CM13-0036940		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/01/2009
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Texas. 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 patient is a 57-year-old male who reported an injury on 5/01/09. The patient has been diagnosed with lumbar disc displacement, degeneration of cervical intervertebral disc, lumbar radiculopathy, low back pain, cervical radiculitis, cervical disc displacement, major depressive disorder, and insomnia. The patient was seen by [REDACTED] on 9/3/13. The patient reported depressed mood, anxiety, and insomnia. Objective findings were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 weekly psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** California MTUS Guidelines state that behavioral therapy is recommended for an initial trial of 3-4 psychotherapy visits over two weeks. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may be appropriate. As per the clinical notes submitted, the patient does report symptoms of anxiety, depression, and insomnia. The patient is currently diagnosed with major depressive disorder. However, the

current request for 20 psychotherapy sessions greatly exceeds the guideline recommendations for an initial trial of 3-4 sessions over two weeks. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.