

<b>Case Number:</b>	CM13-0043067		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/22/1996
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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:

The injured worker is a 69 year-old male with a date of injury of 11/22/96. The injured worker sustained multiple orthopedic injuries to his back, neck, shoulders, elbows, and wrists when he was involvd in a motor vehicle accident while working. In his 12/6/13 visit note, the physician assitantdiagnosed the injured worker with: (1) Lumbar spine disc protrusion, L2-3, L3-4, L4-5, L5-S1; (2) Cervical disc herniation; (3) Cervical radiculopathy; (4) Depression; (5) Lumbar radiculopathy; and (6) Right shoulder tendinitis. It is also reported that the injured worker developed psychiatric symptoms secondary to his work-related orthopedic injuries. In the most recent report, the injured worker is diagnosed with major depressive disorder, single episode. It is the injured worker's psychiatric diagnosis that is most relevant to this review. It is also noted that the injured worker is considered permanent and stationary and has psychologically achieved maximal medical improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 CBT PSYCHOTHERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 MTUS APA Practice Guideline for the Treatment Of Patient With Major Depressive Disorder.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychological services for over one year. Although the injured worker has been deemed permanent and stationary, it is important that the maintenance sessions demonstrate how the services are keeping the injured worker from decompensating. The documented objective and subjective findings have remained the same on the last 3 progress reports dated 8/2/13, 9/27/13, and 11/23/13. In order to support the need for additional maintenance sessions, there needs to be sufficient documentation documenting the need. Without sufficient documentation, the need for additional sessions cannot be fully determined. As a result, the request is not medically necessary.