

<b>Case Number:</b>	CM13-0044051		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/23/1997
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Neuropsychology and is licensed to practice in Texas and Colorado. 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 request was for treatment of a Major Depressive Disorder, Single Episode, Severe purported to be related to a work injury which occurred on January 23, 1997. The services requested included 20 weekly sessions of individual psychotherapy and six monthly psychotropic medication management sessions. On the same date, a detailed summary for medical review was also submitted. A number of guidelines and professional treatises were referenced including CAMTUS. A letter dated December 26, 2013 directed to [REDACTED] was also attached. It was noted that [REDACTED] non-certified the request for psychological treatment based on a decision on her part that there appeared to be an absence of "functional improvement". [REDACTED] offered as evidence for his opinion the services should be certified that the patient suffered from a condition which was "permanent and stationary". He opined that treatment was necessary for "maintenance" and there was no clinical expectation that the patient would be expected to improve as a result of treatment. He felt that [REDACTED] failed to understand the term "maximum medical improvement" and since his patient was permanent and stationary it was inappropriate to apply a standard which required "functional improvement". [REDACTED] offered no argument regarding the patient's lack of "functional improvement".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A weekly cognitive behavioral psychotherapy treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The guidelines do provide for limited psychological treatment following a work injury if medical necessity is established and ongoing evidence of "functional improvement" can be established. The California definition of "functional improvement" suggests that either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit, and a reduction in the dependency on continued medical treatment must be established or observed. Functional improvement has not been adequately documented; therefore, the requested treatment is not medically necessary.