

<b>Case Number:</b>	CM13-0045148		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/07/2005
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/22/2013
<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 claimant is a year-old female (DOB [REDACTED]) with a date of injury of 1/7/05. According to reports, the claimant sustained injury while working for [REDACTED] when she slipped on a wet floor, but did not fall. The claimant has been medically treated via surgery, medications, a pain management program, and a spinal cord stimulator. She has also received psychotherapy, biofeedback, and psychotropic medications to treat her mental health concerns. She has been diagnosed by [REDACTED] with (1) Major Depressive Disorder, Single Episode, Moderate; (2) Psychological Factors Affecting Medical Condition; (3) Insomnia-Type Sleep Disorder Due to Pain; and (4) Female Hypoactive Sexual Desire Disorder Due to Pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 20 weekly sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Mental illness and stress..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter, Cognitive therapy for depression.

**Decision rationale:** The CA MTUS does not address the psychological treatment of depression therefore; the Official Disability Guidelines will be used for this case. According to medical records, the claimant has received several psychological services (psychotherapy and biofeedback) since 2007. According to [REDACTED] "Supplemental Report: Response to Utilization Review Denial/Modification" dated 12/5/13, the claimant received 10 sessions of psychotherapy with MFT, [REDACTED], in 2013. It is unclear why she only received 10 sessions during the entire year despite being symptomatic. Further in the report regarding the claimant's proposed psychotherapy treatment plan, [REDACTED] states that the requested CBT sessions will "...consist of 45-minute sessions on a monthly basis" and that "...a course of 20 sessions is needed." Although in his report [REDACTED] mentions monthly sessions, the request is for 20 weekly sessions. Despite this change in frequency and duration, the request for 20 weekly psychotherapy sessions appears excessive at this time. The ODG recommends a total number of sessions to be between 13-20 sessions. Considering that the claimant has already received 13 sessions this year, the request for 20 additional sessions exceeds the recommended guidelines set forth by the ODG. As a result, the request for "psychotherapy 20 weekly sessions" is not medically necessary. On a side note, [REDACTED] does present information to support further services. It is suggested that future requests correspond to the cited guidelines.