

<b>Case Number:</b>	CM13-0046804		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/28/2007
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 62 year-old male with a date of injury of 11/28/07. The claimant sustained injury when he was cleaning a machine that cuts loaves of bread and the machine's cover slipped and struck the claimant's left middle finger resulting in the amputation of the tip of the left middle finger. The claimant sustained this orthopedic injury while working for [REDACTED]. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his Summary for Independent Medical Review dated 11/13/13, [REDACTED] diagnosed the claimant with Adjustment disorder with mixed anxiety and depressed mood, chronic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 Sessions of psychotherapy treatment (one session per week for 20 weeks): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, and on the Non-MTUS APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition (2010).

**Decision rationale:** The California MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant was initially evaluated by [REDACTED] in June 2008 and has participated in psychotherapy with [REDACTED]. It is reported that the claimant is seen by [REDACTED] biweekly. The request for an additional 20 sessions appears excessive given the number of psychotherapy sessions already completed. Additionally, 20 biweekly sessions does not offer a reasonable time period for reassessment of treatment plan goals and/or interventions. As a result, the request for 20 Sessions of psychotherapy treatment (one session per week for 20 weeks) is not medically necessary.