

<b>Case Number:</b>	CM13-0048063		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 44 year-old female [REDACTED] with a date of injury of 4/27/10. The claimant sustained injury to her back when she was lifting boxes while working as a file clerk for the [REDACTED]. It is also reported that she sustained injury to her psyche secondary to her work-related orthopedic injuries. According to [REDACTED] and [REDACTED]. [REDACTED] PR-2 report dated 8/20/13, the claimant is diagnosed with adjustment disorder with mixed emotional features.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COGNITIVE BEHAVIORAL PSYCHOTHERAPY SESSIONS ONCE A WEEK FOR TWENTY FOUR (24) 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

**Decision rationale:** The CA MTUS does not address the treatment of adjustment disorder nor depression and anxiety therefore, the Official Disability Guidelines regarding the cognitive

behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychotherapy services from [REDACTED] and is reported in the 8/20/13 PR-2 report as "making progress in resolving her depression consequent to industrial injury and trauma." The exact progress to date is unclear as is the total number of sessions completed. The ODG indicates that for the treatment of depression an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be provided. The request for "cognitive behavioral psychotherapy sessions once a week for twenty four (24) weeks" exceeds not only the initial number of sessions recommended, but the total number of sessions recommended by the ODG. As a result, the request is not medically necessary. It is noted that the claimant did receive a modified authorization of 6 cognitive behavioral sessions in response to this request.