

<b>Case Number:</b>	CM13-0050169		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 Board Certified 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 60 year-old male with a date of injury 5/24/10. The claimant sustained injuries to his left hip and low back when he stepped down approx. 4 ½ feet from his truck to the ground while working as a driver for the United Parcel Service. In a PR-2 reported dated 3/5/14, physician assistant, [REDACTED] and [REDACTED] diagnosed the claimant with: (1) Low back pain, lumbago; (2) Lumbosacral radiculitis, thoracic or lumbosacral neuritis or radiculitis, unspecified; and (3) Displacement of lumbar intervertebral disc without myelopathy. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In a PR-2 report dated 2/26/14, [REDACTED] diagnosed the claimant with Major depressive disorder. It is the claimant's psychiatric diagnosis that is most relevant to this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 ADDITIONAL SESSIONS PF PSYCHOTHERAPY FOR MAJOR DEPRESSIVE DISORDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PSYCHOLOGICAL TREATMENT; NON MTUS OFFICIAL DISABILITY GUIDELINES, COGNITIVE BEHAVIORAL THERAPY FOR DEPRESSION.

**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, SECTION ON COGNITIVE THERAPY FOR DEPRESSION AND PSYCHOTHERAPY GUIDELINES.

**Decision rationale:** The CA MTUS does not address the treatment of major depressive disorder therefore, the Official Disability Guidelines regarding the cognitive behavioral treatment of depression were used as reference for this case. Based on the review of the medical records, the claimant began receiving psychological services in January 2011. Neither the exact number of sessions completed to date nor the progress/improvements of those sessions is known. In a PR-2 report dated 10/13/13, [REDACTED] requested another 6 sessions however, the only objective finding listed is "mood more stable". The ODG indicates that for the treatment of depression there should be 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 necessary. Without more information offered for review, the need for further sessions cannot be fully determined as set forth by the ODG. As a result, the request for "6 ADDITIONAL SESSIONS OF PSYCHOTHERAPY FOR MAJOR DEPRESSIVE DISORDER" is not medically necessary.