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| <b>Case Number:</b>   | CM13-0052991 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 05/31/2005 |
| <b>Decision Date:</b> | 03/12/2014   | <b>UR Denial Date:</b>       | 10/29/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/18/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 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 claimant is a 50 year-old female [REDACTED] with continuous trauma injuries from 1/7/03-5/31/05. The exact mechanism of injury is not found in the medical reports however, there is a note of workplace sexual harassment. The claimant sustained injury to her psyche while working for the [REDACTED]. In the RFA form dated 9/26/13, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, severe, without psychotic features.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weekly Individual Psychotherapy - twenty (20) sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive-Behavioral Therapy (CBT): Chronic Pain.

**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, Cognitive therapy for depression.

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guidelines regarding the behavioral treatment of depression and the AMA

Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as reference for this case. Because the claimant is considered permanent and stationary, the total number of psychotherapy sessions as recommended by the ODG does not apply in this case. Instead this reference is used to discuss "objective functional improvement" or in the claimant's case, functional gains that are made as a result of the therapy being provided. The request for continued services should stem from the progress or gains (which may only be the slight decrease in symptoms) that have been made in previous sessions. [REDACTED] has been able to demonstrate the need for further services for the claimant. However, the request for an additional 20 sessions appears excessive. According to the AMA guidelines regarding the maintenance treatment of depression, "patients should be monitored systematically and at regular intervals during the maintenance phase." The request for 20 sessions does not allow for appropriate and regular intervals for which reassessment and re-evaluation can occur. This is an important opportunity to update and/or change the treatment plan or psychotherapeutic interventions being utilized. As a result, the request for "Weekly Individual Psychotherapy - twenty (20) sessions" is not medically necessary. It is noted that the claimant did receive a modified 6 sessions authorized in response to this request.