

<b>Case Number:</b>	CM13-0056030		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 55-year-old male [REDACTED] with a date of injury of 10/25/11. According to medical reports, the claimant sustained injuries to his left knee and left shoulder when he lifted and moved boxes of files that weighed approximately 30 pounds a piece. He also developed injury to his psyche during the course of his employment. The claimant sustained these injuries while working as a correctional officer for the [REDACTED]. In his progress report (PR-2) dated 11/21/13, [REDACTED] diagnosed the claimant with: (1) Lumbar radiculitis; (2) Left knee posttraumatic arthritis; (3) Lumbar radiculitis; (4) Left proximal biceps rupture; and (5) Left knee degenerative joint disease (DJD). Additionally, in his PR-2 report dated 10/26/13, [REDACTED] diagnosed the claimant with Major Depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE PSYCHOTHERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-415, Chronic Pain Treatment Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**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 Official Disability Guidelines indicate that cognitive therapy for depression is recommended. The Guidelines also indicate that an initial trial of six (6) visits over six (6) weeks, with evidence of objective functional improvement, for a total of up to thirteen to twenty (13-20) visits over thirteen to twenty (13-20) weeks (individual sessions) is recommended. Based on the review of the medical records, the claimant has been receiving psychotherapy services subsequent to his initial evaluation in the beginning of 2013. However, the total number of sessions completed to date is unknown. Although the claimant has demonstrated progress from the completed sessions, he continues to report depressed mood. It is noted that the claimant did receive an authorization for a modified 6 psychotherapy sessions in response to this request. Given that the claimant has received almost one (1) year of psychotherapy services and completed many more sessions than typically recommended, the request for an additional twelve (12) sessions appears excessive. As a result, the request for an additional twelve (12) psychotherapy sessions is not medically necessary.