

<b>Case Number:</b>	CM13-0061959		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/03/2008
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

This patient is a 65 year old female cafeteria worker who was injured on 1/3/2008 during her usual work duties for [REDACTED] when she was lifting a heavy container of water and sustained a right shoulder injury with subsequent depression. She has been diagnosed with Major Depressive Disorder and she reports feeling sad and worried that she might not be able to fully take care of her husband should the need arise due to her injury as well as loss of ability to work. A request for continued psychotherapy sessions once a week for 6 weeks was non-certified and this IMR will address the request for an appeal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy, once a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Cognitive Behavioral Therapy (CBT) guidelines for 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/Stress Chapter: Psychotherapy

**Decision rationale:** The Official Disability Guidelines state that after an initial trial of 6 sessions an additional amount of sessions can be used, if certain conditions were demonstrated in the initial trial, up to a total of 13-20 visits over a 13-20 week period. According to the medical records this patient has already had weekly therapy for at least 46 sessions over an 18 month period. She therefore has exceeded the maximum sessions allowed and the non-certification is upheld.