

<b>Case Number:</b>	CM13-0067378		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/03/2005
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 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 46 year-old injured worker with a date of cumulative injury of 1/3/05. She sustained injuries to her right arm, elbow, and shoulder due to repetitive computer work while working as a risk management clerk for [REDACTED]. It is also reported that the claimant sustained injury to her psyche secondary to her work-related physical injuries. In his most recent PR-2 report dated 11/18/13, [REDACTED] diagnosed the claimant with Depressive disorder NOS with anxiety and Psychological factors affecting a medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**13 cognitive behavioral therapy 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)

**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 depression therefore, the Official Disability Guideline 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

completed a psychiatric evaluation with [REDACTED] on 7/15/13, however, that evaluation was not in the medical records offered for review. Other than [REDACTED]' "Special Report on Utilization Review Appeal" dated 12/10/13, there were no psychiatric and/or psychological records offered for review. As a result, it is unclear as to the number of completed psychotherapy sessions to date and the progress /improvements obtained from those sessions. Without relevant information such as progress notes or progress reports by the treating providers of psychology, there is not enough evidence to warrant additional services. The request for 13 cognitive behavioral therapy sessions is not medically necessary and appropriate.