

<b>Case Number:</b>	CM13-0069957		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 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 53 year-old male [REDACTED] with a date of injury of 6/4/10. The claimant sustained orthopedic and psychological injuries while working as a clerk for the [REDACTED]. According to reports, the claimant was injured as the result of repetitive movements, excessive workload demands, and harassment. In his PR-2 report dated 10/23/13, [REDACTED] diagnosed the claimant with: (1) Multilevel cervical disc protrusion with neural foraminal stenosis; (2) Left tennis elbow; (3) Left carpal tunnel syndrome; (4) Insomnia; (5) Hearing loss; (6) Sinusitis; (7) Major depressive disorder; (8) Hypertension; and (9) Headache. In addition, [REDACTED] has diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; Insomnia-type sleep disorder due to pain; (3) Male hypoactive sexual desire disorder due to pain; and (4) Psychological factors affecting medical condition (depression and anxiety aggravating hypertension, stomach pain, diarrhea, constipation, chest pain, shortness of breath, rapid heartbeat, and headache). It is the claimant's psychiatric diagnoses that are 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:

**Psychotherapy Treatment 1x20:** 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) Mental Illness and Stress Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline regarding the cognitive behavioral treatment of depression

**Decision rationale:** Based on the review of the medical records, the claimant has been receiving psychological services from [REDACTED] since February 2011. He has received both group and individual psychotherapy. Based on this information, the claimant has received above and beyond the total number of psychological sessions suggested by the ODG. In addition, in his most recent "Interim Report of Consulting Physician (Psychologist)" dated August 2013, [REDACTED] reported that between his reevaluation in January 2013 and the most recent reevaluation of the claimant in August 2013, "there has been little change in [the claimant's] emotional condition..." There is very little information in the reports indicating that the claimant is benefitting from the continued psychotherapy and demonstrating some type of progress or improvement. There is also no documentation indicating any treatment plan changes to address and accommodate the lack of progress. Considering that the claimant has already received almost 3 years of services and has demonstrated little progress and improvement in the past year, the request for an additional 20 sessions appears excessive and therefore, is not medically necessary.