

<b>Case Number:</b>	CM13-0072730		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/13/1999
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 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 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:

According to the records provided for this independent medical review (IMR), this patient is a 61-year-old male who reported an industrial/occupational work related injury on October 13, 1999. At that time he was employed and working normal work duties for [REDACTED] as a short haul truck driver, which required him to load and unload heavy crates. The injury apparently occurred by pulling a heavy pallet jack. He had two (2) prior surgeries before the accident occurred which were unsuccessful and increased his pain, in one of them, reportedly, a screw was left in his neck for many years and nearly killed him with a 30% improvement in pain once it was removed. In terms of psychiatric medications he is, or at one time was, taking Citalopram, Lunesta, and Xanax; for depression, sleep, and anxiety respectively. Emotionally he feels like he is all washed up and is grossly preoccupied with anger directed towards various insurance carriers. He quickly becomes irritable and cranky, and has no feeling of pleasure in his life. He snaps at people and is angry. The patient has been seen by many mental health professionals for long periods of time, but stopped keeping track of what he has done and who has treated him. This patient has been diagnosed with Major Depressive Disorder, single episode, moderate intensity. Additional issues of loss of home due to foreclosure and chronic pain syndrome with financial distress and inability to be employed were also mentioned. A request for twelve (12) sessions of individual outpatient psychotherapy for depression was not approved and this IMR will address a request to overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 INDIVIDUAL PSYCHOTHERAPY FOR 12 VISITS FOR DEPRESSIVE DISORDER AS OUTPATIENT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BROADSPIRE PHYSICIAN ADVISORY CRITERIA-MENTAL HEALTH: OUTPATIENT INDIVIDUAL PSYCHOTHERAPY FOR DEPRESSIVE DISORDER.

**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, TOPIC PSYCHOTHERAPY.

**Decision rationale:** It appears that the patient was seen on a fairly regular basis for individual outpatient psychotherapy in February, March, and part of April of 2014. The progress notes for these sessions were provided. The session notes mention them working together to reduce anxiety and depressive symptoms, as well as to increase socialization and self-esteem. The notes also mention that the patient started to make progress in the with regards to socialization specifically and to develop more self-care behaviors, but the therapy was discontinued. The patient reported that prior therapy sessions have been very helpful and giving him a sense of hope. It does seem that this patient is having severe depression and anxiety and meets the criteria for medical necessity from a symptomatic perspective. The Official Disability Guidelines indicate that an initial trial of six (6) visits over six (6) weeks should be offered. With documented objective functional improvement, a total of up to thirteen to twenty (13 to 20) visits over thirteen to twenty (13 to 20) weeks could be offered. It is also stated in the guidelines that in extreme cases, psychotherapy lasting for at least fifty (50) sessions per year is often more effective than shorter term psychotherapy for patients with complex mental disorders. At this point, this treatment appears to be required based on his symptomatology and that in so far as this most recent course of psychotherapy, he has not exceeded the guideline recommendations in terms of sessions received. Therefore, the request for twelve (12) individual psychotherapy sessions for depressive disorder as an outpatient is overturned, and the request for treatment has been approved. It should be noted that any additional requests for therapy would require detailed progress notes regarding functional improvements achieved as a function of this course of treatment and the total number of sessions provided to date.