

<b>Case Number:</b>	CM14-0001290		
<b>Date Assigned:</b>	05/16/2014	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 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 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 50 year-old male [REDACTED] with a date of injury of 11/15/11. The claimant sustained injury to his right ankle and foot when he stepped down from the back of the truck and his right foot/ankle gave way. He immediately heard a pop/crack and felt immediate pain. The claimant sustained this orthopedic injury while working as a landscaper and tree trimmer for ISS Ground Control. In a "Secondary Treating Physician Re-evaluation Request for Authorization" dated 11/13/13, [REDACTED] diagnosed the claimant with: (1) Sprain/strain of the right ankle with osteochondritis desiccans of the talu; (2) Right ankle status post arthroscopic debridement; (3) Plantar fasciitis; (4) Right elbow strain/sprain; (5) Cervical spine myofascial pain syndrome; (6) Right shoulder strain/sprain; (7) Lumbar spine strain/sprain with possible facet joint pain; (8) No signs of any complex regional pain syndrome; and (9) Anxiety induce pain response. It is also reported that the claimant has developed psychaitric symptoms secondary to his work-related orthopedic injuries. In a PR-2 report dated 12/9/13, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; and (2) Pain disorder associated with both psychological factors and general medical condition. There is also a rule out of primary insomnia (work related). 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:

**6 INDIVIDUAL PSYCHOTHERAPY SESSIONS:** Overturned

**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 for 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 an initial psychological consultation on 8/28/13 and has completed 12 psychotherapy sessions. In his "Appeal Request for Reconsideration of Denial of Additional Sessions" dated 12/24/14, [REDACTED] offered additional information regarding the claimant's progress and improvements from the completed sessions, which presented enough evidence to support the need for additional psychotherapy sessions. The ODG indicates that for the treatment of depression, "an initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. With the additional information and support offered by [REDACTED], the request for an additional "6 Individual Psychotherapy Sessions" is medically necessary.