

<b>Case Number:</b>	CM14-0004095		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	07/04/2007
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 53 year-old male with a date of injury of 7/4/07. The claimant sustained injury to his back and knee when he was struck by a forklift while working as a Cargo Handler for [REDACTED]. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his PR-2 report dated 12/3/13, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode moderate; (2) Insomnia-type sleep disorder due to pain; (3) Male erectile disorder due to orthopedic pain; and (4) Psychological factors affecting medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOTHERAPY 20 SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BEHAVIORAL INTERVENTIONS, PAGES 319-320.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pg. 58).

**Decision rationale:** Based on the review of the medical records, the claimant was first evaluated in June 2009 and subsequently began psychological services. The claimant was re-evaluated in June 2013 and it was reported that he remained permanent and stationary from a psychiatric standpoint. In the most recent PR-2 report dated 12/3/13, it is reported that the claimant "is unchanged. He is depressed but stable". There are no objective findings listed. The ODG indicates that for further treatment to be considered, objective functional improvements need to be demonstrated. Although the ODG relates more to acute cases and not ones that have been deemed permanent and stationary, it is imperative that progress from services be presented. The American Psychiatric Association indicates that "for CBT and IPT, maintenance-phase treatments usually involve a decreased frequency of visits (e.g. once a month). The duration of the maintenance phase will vary depending on the frequency and severity of prior major depressive episodes, the tolerability of treatments, and patient preferences. For many patients, some form of maintenance treatment may be required indefinitely." Although the claimant may require psychological services "indefinitely", the request for an additional 20 sessions appears excessive as it does not offer a reasonable amount of time for reassessment of diagnosis, treatment goals, treatment plan, etc. As a result, the request is not medically necessary.