MAXIMUS Federal Services

| Case Number: | CM14-0006415 | | |
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| Date Assigned: | 04/07/2014 | Date of Injury: | 01/23/1997 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 01/14/2014 |
| Priority: | Standard | Application Received: | 01/16/2014 |

## 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 Child and Adolescent Psychiatry 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 injured worker is a 57 year old male who suffered a low back injury at work on 1/23/1997. He was diagnosed with lumbar disc herniation, and with cervical disc problems. He underwent treatment with muscle relaxant and analgesic medications. Secondary to chronic back pain, he subsequently developed psychiatric symptoms which included decreased motivation, tearfulness, social withdrawal, insomnia and decreased concentration. He was diagnosed with Adjustment Disorder with Mixed Anxiety and Depressed Mood. He underwent regular outpatient psychotherapy until December 2010. He was also seeing a treating psychiatrist who prescribedAtivan, Prozac, Viagra and Restoril. His most recent psychological re-evaluation was on 6/27/13, in which the treating provider felt that the injured worker should continue with regular outpatient therapy sessions in order to maintain his psychiatric stability and to prevent deterioration. Hewas retrospectively certified for four psychotherapy sessions in December 2013. The 2/3/14 request form lists the injured worker's diagnosis now as Major Depression, Severe. There are no psychiatric progress notes available for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Twenty weekly sessions of individual psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy.

**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, Cognitive Therapy for depression.

**Decision rationale:** The ODG indicate that cognitive behavioral therapy (CBT) is shown tobe clinically beneficial to treat individuals diagnosed with Moderate to Severe Depression. Studies have shown that it is at least as effective as medication management. The recommendation is for an initial trial of 4 - 6 sessions over 4 - 6weeks, and if there is clinical evidence of symptomatic improvement, additional sessions up to a recommended maximum of 20 would be considered appropriate. The injured worker is diagnosed with Severe Major Depression, although in all previous reports the diagnosis was Adjustment Disorder with Mixed Anxiety and Depressed Mood. There are no psychiatric or psychotherapist progress notes available for review, so that there is no documented objective clinical evidence to corroborate the current or recent presence of any significant mental health symptoms. The most recent psychotherapy evaluation on 6/27/13 listed the injured worker as being stable, and recommended continuation of therapy in order to maintain stability and prevent deterioration. The injured worker was then subsequently certified for 4 additional sessions in December 2013, retrospectively. In the absence of any recent mental status examinations, any treatment plans with treatment goals of the proposed therapy, or of any prior documented assessments of the injured worker's progress, the request for 20 weekly individual psychotherapy sessions is not medically necessary.