

<b>Case Number:</b>	CM14-0111232		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/03/2006
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 patient is a 49 year old female who was injured in November of 2006. A report dated 6/16 indicates that the patient was not working at the present time. She apparently had been in therapy about once or twice monthly since at least November 2012. She has been on Wellbutrin, Cymbalta, Seroquel, Topomax, Ambien and Xanax. The patient has a history of Bipolar Disorder for which the provider has been requesting coverage for 20 weekly psychotherapy sessions and 6 monthly medication management sessions. A previous reviewer modified the requests to 4 sessions and a single medication evaluation visit. This is an independent review of the unmodified request for 20 weekly psychotherapy sessions and 6 monthly medication management sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych Therapy, 1 x wkly, 20 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines Behavioral Interventions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Pain Interventions and Treatments Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Summary of Medical Evidence.

**Decision rationale:** Although it is not known how many sessions the patient has had, she appears to have been in ongoing therapy. State of California MTUS indicate up to 6-10 sessions and ODG indicate up to 50 sessions in patients with severe depression. Both guidelines indicate a need for evidence of improvement. As noted it is not known how many therapy sessions the patient has had but it appears that she has been in regular treatment for a couple of years at least and there is no indication of improvement. The modified request is appropriate as it allows for monitoring of progress. Additional sessions consistent with the ODG can be authorized if indicated. However the unmodified request for 20 sessions is not established as medically necessary according to the evidence based guidelines cited above.