

<b>Case Number:</b>	CM14-0123928		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 a Licensed Psychologist 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 43 year-old male (DOB) with a date of injury of 10/23/12. The claimant sustained injury to his neck and back due to repetitive lifting of heavy pipes. The claimant sustained this injury while working for [REDACTED]. In the "Orthopedic Specialist Consultation and Report" dated 5/14/14, [REDACTED] diagnosed the claimant with: (1) Lumbar spondylosis; (2) Foraminal stenosis; and (3) Right sciatica. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his "ML104 Psychological Evaluation (AME)" dated 6/12/14, [REDACTED] diagnosed the claimant with Major depressive disorder, recurrent, with psychotic features.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy, 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, cognitive behavioral therapy.

**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 MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive 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 evaluation with [REDACTED] on 6/12/14. It does not appear that the claimant has participated in any psychotherapy services since that evaluation. Therefore, the request under review is for initial treatment sessions. The Official Disability Guidelines (ODG) recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Given this guideline, the request for an initial 8 sessions exceeds the recommended number of initial sessions set forth by the ODG. As a result, the request for Psychotherapy, 8 sessions is not medically necessary.