

<b>Case Number:</b>	CM14-0159010		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 licensed 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 46 year-old male (DOB 1/21/68) with a date of injury of 6/3/09. The claimant sustained injuries to his back and left knee when he was lifting a product and it fell on him. The claimant sustained this injury while working as a supply delivery driver for Animal Supply Company. In her PR-2 report dated 8/8/14, Nurse Practitioner, [REDACTED], under the direction of [REDACTED] diagnosed the claimant with: (1) Chronic low back pain; (2) Possibility of left lumbar radiculopathy; (3) Lumbar facet joint arthritis; (4) Left sacroiliitis; (5) Chronic left knee pain; and (6) Status post left chondroplasty patella on 6/28/12. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In their report dated 8/6/14, [REDACTED] and [REDACTED] diagnosed the claimant with Major depressive disorder, recurrent, secondary to general medical condition. Additionally, in his PR-2 report dated 4/24/14, [REDACTED] diagnosed the claimant with: Pain disorder associated with both psychological factors and a general medical condition; (2) Posttraumatic stress disorder, chronic; and (3) Major depressive disorder, recurrent, moderate. The claimant has been receiving both psychotropic medications and psychotherapy to treat his psychiatric symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

**Decision rationale:** The CA 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 has been receiving psychotropic medications from [REDACTED] as well as psychotherapy from [REDACTED]. The number of completed psychotherapy sessions prior to this request is not known as is the objective functional improvements from those sessions. In fact, in his PR-2 report dated 4/24/14, [REDACTED] noted an increase in symptoms. Without having sufficient information about completed sessions to date nor the objective functional improvements made from those sessions, the need for additional psychotherapy services cannot be fully determined. Additionally, the request for "Individual psychotherapy sessions" remains too vague as it does not indicate how many sessions are being requested nor the frequency of those sessions. As a result, the request for "individual psychotherapy sessions" is not medically necessary.