

<b>Case Number:</b>	CM14-0162032		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	01/20/2004
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 [REDACTED] with a date of injury of 1/20/14. The claimant sustained orthopedic injuries when he was rearranging trees on a truck while working for [REDACTED]. He has received extensive treatments including medications, physical therapy aquatherapy, weight loss program, injections and multiple surgeries. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. He has been receiving psychotherapy services from [REDACTED] and is diagnosed with Major Depressive Disorder, recurrent, moderate severity. The request under review is for additional psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy, QTY: 20 sessions over 10 months:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 Chapter and APA practice guideline for the Treatment of patients with major depressive disorder, third edition (2010), maintenance phase (pg. 19).

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression as well as the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the vast medical records, the claimant continues to experience chronic pain from his multiple orthopedic injuries. He has also been experiencing symptoms of depression. It is unclear as to how many psychotherapy sessions have been completed to date as the "Treatment Note" documentation submitted by [REDACTED] does not offer very much information about the services being provided. In the most recent "Treatment Note" dated 8/13/14, [REDACTED] presents information about the content of the session, which stems from the claimant's verbal report. There is no information about the number of sessions to date, the therapeutic methods being utilized, the progress made from the sessions, nor any specifics about the treatment plan. The only plan for treatment is "Continued Individual Therapy." Without sufficient information about prior services, the need for additional sessions cannot be fully determined. Additionally, the request for an additional 20 sessions over 10 months appears excessive and does not offer an appropriate period of time for reassessment of treatment plan goals, methods being used, etc. As a result, the request for "Individual psychotherapy, QTY: 20 sessions over 10 months" is not medically necessary.