

<b>Case Number:</b>	CM14-0181792		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	09/20/1999
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 64 year-old female (██████████) with a date of injury of 9/20/99. The claimant sustained multiple injuries to her when she slipped on freshly waxed floors while working as the principal for ██████████. In their "Visit Note" dated 10/10/14, Physician Assistant, ██████████, under the supervision of ██████████, diagnosed the claimant with: (1) Degeneration cervical disc; (2) Unspecified major depression, recurrent episode; (3) Generalized anxiety disorder; and (4) Depression with anxiety. The claimant has been treated with medications, physical therapy, acupuncture, home exercises, massage, surgery, and cognitive behavioral therapy. The request under review is for an additional 12 psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy x 6 follow-up visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Cognitive therapy for depression

**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 psychotherapy services for at least the past year. It appears that she was treating with [REDACTED] and now with [REDACTED] for a total of 18 sessions according to [REDACTED] "Utilization Review Treatment Appeal" letter dated 10/13/14. In the most recent "Progress Note" included for review from [REDACTED] dated 8/14/14, it is noted as session number 6 of 12. There is limited information about the claimant's progress and improvements to date. It also appears that this set of 12 authorized sessions is the second set of 12 for the year. The ODG indicates that there is to be a total of up to 13-20 sessions as long as objective functional improvements are being demonstrated. In this case, the claimant has completed 18 sessions this year with limited information about her progress and improvements to date. In addition, considering that the ODG recommends a total of up to 20 sessions, the request for an additional 6 sessions exceeds that guideline. As a result, the request for "Cognitive Behavioral Therapy x 6 follow-up visits" is not medically necessary.