

<b>Case Number:</b>	CM14-0020991		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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:

This is a 53 year old male who was injured in September of 2010. Apparently since that time he has struggled with depression, anxiety, irritability, poor sleep and social withdrawal. It appears that a request for coverage for 6 sessions in December of last year was approved. The provider evidently requested another 20 sessions in February. The reviewer noted that the initial 6 sessions had not been used, citing a letter from January indicating that the patient had not started psychotherapy and that authorization of additional sessions could be considered if the patient showed objective evidence of functional improvement. Apparently the patient has a diagnosis of Depressive Disorder and there is no indication that he is on psychotropic medication. There is essentially no other information pertaining to the patient's psychiatric history, clinical course and current status. This is an independent review of the previous denial of the request for coverage for 20 individual psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy; twenty (20) weekly sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 23.

**Decision rationale:** The best available data indicates that 6 sessions were authorized but not used. In fact it is not clear that the patient ever started therapy. The State of California MTUS indicates that psychotherapy is indicated, 3-4 sessions initially over 2 weeks with additional sessions suggested with objective evidence of functional improvement. The 6 sessions authorized are consistent with this guideline. The 20 requested sessions do not allow for ongoing monitoring for functional improvement and clearly are inconsistent with the cited evidence based guideline. As such the provider's request for 20 weekly individual psychotherapy sessions should not be considered as medically necessary.