

<b>Case Number:</b>	CM14-0022215		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	09/06/1990
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 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 72 year-old female (██████████) with a date of injury of 9/6/90. The claimant sustained injury to her back while working for the ██████████. In a progress note dated 1/21/14, ██████████ diagnosed the claimant with: (1) Other chronic pain; (2) Displacement lumbar disc without myelopathy; (3) Degen lumb/lumbsacac intervert disc; (4) Pain in thoracic spine; (5) Lumbago; (7) Sciatica; (8) Thor/lumbosacral nurit/radiculit uns; (9) Other symptoms referable to back; and (10) Unspecified myalgia and myositis. It is also reported that the claimant has struggled with psychiatric symptoms secondary to her work-related orthopedic injuries. In his 11/18/13 "Request for Treatment Authorization", ██████████ wrote, "We amended our diagnosis in September 2013 to reflect Major Depressive Disorder, single episode, moderate". However, in their PR-2 report dated 12/2/13, ██████████ and MFT, ██████████, diagnosed the claimant with Adjustment disorder with mixed anxiety and depression and Insomnia-type sleep disorder due to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WEEKLY PSYCHOTHERAPY TREATMENT (1) SESSION PER WEEK FOR (20) WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines COGNITIVE BEHAVIOR THERAPY Page(s): 101-102. Decision based on Non-MTUS Citation ODG Guidelines, Mental Illness and Stress.

**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 Other Medical Treatment Guideline or Medical Evidence: The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pg. 58).

**Decision rationale:** The CA MTUS does not address the treatment of psychiatric conditions therefore, the ODG guideline regarding the cognitive behavioral treatment of depression and the American Psychiatric Association's guideline regarding the maintenance phase treatment of patients with major depressive disorder will be used as references for this case. Based on the review of the medical records, the claimant has been receiving psychotherapy services since 1991. In the most recent PR-2 report offered for review, there is very little mentioned regarding the claimant's progress from the services that she is receiving. Although the claimant's psychiatric condition is permanent and stationary and she will likely continue to require some type of maintenance therapy, the request for an additional 20 sessions, once weekly, appears excessive as it does not offer a reasonable amount of time for reassessment/re-evaluation. As a result, the request for "WEEKLY PSYCHOTHERAPY TREATMENT (1) SESSION PER WEEK FOR (20) WEEKS" is not medically necessary.