

<b>Case Number:</b>	CM14-0022238		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/10/2014
<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 36 year-old female (██████████) with a date of injury of 3/30/13. The claimant sustained injury to her psyche as the result of being harrassed at work while working for the ██████████. In their PR-2 reports, ██████████ and ██████████ diagnosed the claimant with: (1) Adjustment disorder with mixed anxiety and depression; (2) Insomnia-type sleep disorder due to pain; and (3) Female hypoactive sexual desire disorder due to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PSYCHOTHERAPY ONE TIME PER WEEK FOR 20 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator based its decision on the Non-MTUS ODG Pain Chapter, Behavioral Interventions and Cognitive Behavioral Therapy (CBT), Guidelines for Chronic Pain.

**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 adjustment disorder therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of depression will be used as reference for this case. The ODG recommends that for the treatment of depression there is to be a "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual

sessions)" may be necessary. Based on the review of the medical records, the claimant has been receiving psychological services regularly from [REDACTED] associate, [REDACTED], since June 2013. She has completed over 35 sessions. There are PR-2 reports included for review dated 10/31/13, 12/2/13, and 12/31/13 reporting much of the same information. Given that the claimant has already exceeded the number of psychotherapy sessions set forth by the ODG Guidelines, the request for Psychotherapy One Time Per Week For 20 Weeks is not medically necessary.