

<b>Case Number:</b>	CM14-0026156		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/23/2006
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Texas. 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 patient is a 57-year-old male with a 3/23/06 date of injury. 1/10/14 note stated that the patient was initially evaluated in 2006, and was recommended for psychological counseling and consideration for psychiatric medications. The patient completed 6 sessions and treatment was discontinued. The patient was again evaluated in 2014, and it was noted that psychiatric treatment was recommended indefinitely by the Qualified Medical Examiner. It was noted that the patient was receiving psychiatric medications and psychological counseling on a private basis for many years. The patient has continued depression, anxiety, and sleeplessness. The patient feels disorganized and has trouble concentrating. He continues to feel betrayed by her employer and continues to grieve for the loss of her career as a teacher. The patient reported benefit from psychological counseling and would like to receive continued psychological treatment. Beck anxiety inventory was 27, moderate to severe; depression was 38, severe; and hopelessness was 12, moderate. There was no current suicidal ideation, and Epworth sleepiness scale was normal. Continued psychological counseling, was requested, to include twice monthly for the next year, then monthly for an additional year. 5/13/14 progress note described a diagnosis of major depressive disorder, single episode, moderate, chronic vs major depressive disorder, single episode, severe, without psychotic features, chronic; major depressive disorder affecting interstitial cystitis, colitis, and postural orthostatic tachycardia. The patient is utilizing citalopram 20 mg q.d., however this was felt to be too sedating on a higher dose with no improvement. The patient feels foggy even on this dose. There was a discussion regarding changing this medication to Viibryd. Otherwise the patient's mood was unchanged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOLOGICAL COUNSELING FOR 36 SESSIONS, TWICE A MONTH FOR THE YEAR 2014 AND MONTHLY VISIT FOR YEAR 2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 19-20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter: Cognitive therapy for depression.

**Decision rationale:** The request for psychological counseling obtained an adverse determination in the past due to lack of documentation regarding the number of completed psychotherapy sessions in the past. The patient has an injury from 8 years ago, and began psychological treatment in 2006. Diagnoses includes major depressive disorder and mixed personality disorder. It was noted the patient has moderate/severe depressive symptoms, severe anxiety, and moderate feelings of hopelessness. There is a recent increase in depression related to the death of a pet, and a siblings illness. However, California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits is supported. Official Disability Guidelines (ODG) recommends up to 13-20 visits over 17-20 weeks for patients with documented depression. In severe major depression, up to 50 sessions is supported, if progress is being made. It remains unclear, how many sessions the patient has completed. In addition, the provider should evaluate symptom improvement during the process. Treatment over a two-year period, without periodic assessment and recommendations for alternative treatment strategies is not substantiated.