MAXIMUS Federal Services

| Case Number: | CM14-0034134 | | |
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| Date Assigned: | 06/20/2014 | Date of Injury: | 05/26/2011 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 02/28/2014 |
| Priority: | Standard | Application Received: | 03/19/2014 |

## 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 Child & Adolescent Psychiatry 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 injured worker is a 44 year old female who was injured at her work as water biologist for the [redacted] on 5/26/2011. Since then she was placed on temporary total disability from work, and has been waiting to return to work with restrictions including not having her go out into the field to take water samples. She was seen in 2012 by a psychiatrist and diagnosed with Major Depression and Alcohol Abuse. She was referred for weekly outpatient psychotherapy with a licensed clinical social worker. On 1/17/13, she was re-evaluated, and it was noted that her alcohol use had decreased, and she continued to have some anxiety symptoms especially around thoughts of returning to work. On 10/28/13 she was evaluated, and it was noted that she was feeling much better. Objective mental status examination findings included mild depression, with somber affect. Her Global Assessment of Functioning (GAF) score was 60. The recommendation was that she undergo 30 sessions of individual psychotherapy as well as psychotropic medication. The determination concluded that the injured worker had reached maximum medical improvement in her mental health condition. The request for an additional 20 sessions once a week of psychotherapy to prevent relapse and recurrent episodes was denied due to absence of sufficient clinical documentation to justify medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy treatment 1 session per week for 20 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 299-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health.

**Decision rationale:** The injured worker has had weekly psychotherapy continously since at least 2013. The Official Disability Guidelines and recommend an initial 3 -4 sessions over two weeks, to be followed by an additional 6 – 10 sessions if functional improvement was demonstrated initially. The injured worker has had more than the recommended number of sessions to date. In order to justify medical necessity, there would need to be strong documented clinical evidence of severe depressive symptoms, frequent panic attacks, suicidal ideation, inability to do the activities of daily living or severe functional impairments in other domains. The clinical information documented the injured worker's depression to be "mildly depressed", with a GAF score of 60, indicating that she is not suffering severe enough symptoms to indicate any medical necessity for additional psychotherapy sessions.