

<b>Case Number:</b>	CM14-0039503		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/12/2005
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 licensed 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 58 year-old female with a date of injury of 3/12/05. The claimant sustained injuries to her back and leg when she was loading a suitcase into a car while working as a territory manager working for [REDACTED]. In his 3/6/14 visit note, [REDACTED] diagnosed the claimant with Post-lam syndrome, lumbar, Post-lam syndrome, cervical, Cervical radiculopathy, Lumbar/sacral radiculopathy and Constipation NEC. The claimant has been treated via medications, physical therapy, pain management, activity modification, home exercise, and surgery. It is reported that the claimant also developed psychiatric symptoms secondary to her work-related orthopedic injuries and is diagnosed with major depression and pain disorder. She has been treated via individual and group psychotherapy as well as with psychotropic medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - COGNITIVE BEHAVIORAL THERAPY.

**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 and The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) pg. 58.

**Decision rationale:** The California MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the American Psychiatric Association's Practice Guideline for the 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 psychological services for several years and was found permanent and stationary in 2007. According to [REDACTED] PR-2 report dated 1/18/14, the claimant had been making progress in their weekly psychotherapy sessions and that they "had begun talking about diminishing her frequency of contact to every other week beginning in February or March." Despite this statement, there is no other information about the claimant's progress and improvement. Unfortunately, because the claimant's medications had abruptly been discontinued, she decompensated psychologically and was unable to decrease services. Other than [REDACTED] PR-2 report of 1/18/14, there are no other records from him demonstrating the claimant's treatment thus far. It is unclear as to how many sessions have been completed and exactly what progress has been made to date. There is no information about treatment plan goals and/or interventions. Although the claimant has reached permanent and stationary status, there needs to be more information included for review to substantiate a request for additional sessions. Without sufficient information, the need for further services, particularly 12 additional sessions, cannot be fully determined. As a result, the request for "Individual Psychotherapy 12 sessions" is not medically necessary.