

<b>Case Number:</b>	CM14-0040842		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 36 year-old male (██████████) with a date of injury of 9/13/11. The claimant sustained injuries to his left knee and left hip when he was carrying a front-load washer up some stairs and heard a pop in his left knee. He sustained these injuries while working as an appliance deliveryman for ██████████. He has been diagnosed by treating chiropractor, ██████████, with Posttraumatic left hip fracture and left knee pain. He has been treated via medications, physical therapy, injections, myofascial release, home exercise, and surgery. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his psychological evaluation dated 12/4/13, ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; (2) Anxiety disorder, NOS; (3) Pain disorder associated with psychological factors and a general medical condition; (4) Insomnia; and (5) Partner-relational problem- improving. The Pt has not had any adequate psychological/psychiatric services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 referral to psychologist for 24 individual cognitive behavioral therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-1. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive therapy for depression.

**Decision rationale:** The California MTUS does not address the treatment of depression therefore; the Official Disability Guidelines regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has been struggling with chronic pain since his injury and has developed symptoms of depression and anxiety secondary to his injuries. He has not received psychological and/or psychiatric treatment specifically regarding these symptoms. The request for psychotherapy under review is an initial request for services. The Official Disability Guidelines indicates that for the treatment of depression there is to be an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 sessions over 13-20 weeks (individual sessions) may be necessary. Based on this guideline, the request for 24 sessions not only exceeds the number of initial sessions recommended, but also the total number of sessions set forth by the Official Disability Guidelines. As a result, the request for 1 referral to psychologist for 24 individual cognitive behavioral therapy sessions is not medically necessary. It is noted that the claimant did receive a modified authorization for a referrals to a psychologist for six individual CBT sessions in response to this request. Therefore, the request is not medically necessary.