

<b>Case Number:</b>	CM14-0042653		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	12/05/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 37 year-old female with a date of injury of 12/5/09. The claimant sustained injury while working for [REDACTED]. Neither the mechanism of injury nor the details of the injuries were found within the minimal medical records submitted for review. There were no psychological records submitted to offer a psychiatric diagnosis. However, in the UR determination letter dated 3/27/14, it is noted that the claimant has been diagnosed with recurrent major depressive disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten (10) Cognitive behavioral therapy sessions for depression:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Psychotherapy Guidelines.

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore the Official Disability Guideline regarding the cognitive treatment of depression will be used as

reference for this case. Based on the one report submitted for review from [REDACTED], the claimant continues to experience pain and medical issues related to her work-related injury. However, because there are no psychological or psychiatric records submitted for review, there isn't information from which the need for psychological services can be determined. As a result, the request for ten Cognitive Behavioral Therapy sessions for depression is not medically necessary.