

<b>Case Number:</b>	CM14-0050704		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/11/2003
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 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 46 year-old male (██████████) with a date of injury of 12/11/03. The claimant sustained injury to his face, back, and other body parts as well as to his psyche while working as a bookkeeper for ██████████. The mechanism of injury was not found in the records offered for review. According to the "Application for Independent Medical Review" dated 3/11/14, the claimant has been diagnosed with Depressive Psychosis-Severe. Because there are no medical reports submitted for review, it is unclear as to who diagnosed the claimant with this diagnosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 Psychotherapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress (acute and chronic).

**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.

**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 in this case. Based on the submitted documentation, the claimant has received psychotherapy services for several years. Most recently, the claimant completed approximately 30 psychotherapy sessions. This writer is unable to verify this as there are no medical records included for review. Without sufficient records to substantiate the request, the need for additional sessions cannot be determined. As a result, the request for "20 Psychotherapy Sessions" is not medically necessary.