

<b>Case Number:</b>	CM14-0055812		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	11/02/2004
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 53 year-old female [REDACTED] with a date of injury of 11/2/04. The claimant sustained orthopedic injury as well as cumulative work stress resulting in injury to her psyche while working as a [REDACTED], [REDACTED], [REDACTED]. According to [REDACTED] "Supplemental Report" dated 10/3/13 and his follow-up PR-2 reports, the claimant is diagnosed with Major depressive disorder, single episode, moderate and Psychological factors affecting medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WEEKLY PSYCHOTHERAPY TREATMENT, ONE SESSION PER WEEK FOR TWENTY WEEKS,45-50 MINUTES PER SESSION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness And Stress, Regarding Cognitive Therapy For Depression, and ODG, Psychotherapy Guidelines.

**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 ODG, Psychotherapy Guidelines.

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant began receiving psychological services from [REDACTED] and psychopharmacological treatment with [REDACTED] in 2005 or 2006. In 2011, she switched providers and began receiving psychotherapy , biofeedback, and medication management services from the [REDACTED]. In September 2013, the claimant once again switched providers and began receiving services from [REDACTED]. It is unclear as to how many psychotherapy sessions have been completed to date at [REDACTED] as there are no progress notes offered for review. What is known is that the claimant has received several years of services with varied results. Despite the fact that there are no notes offered for review to clarify the number of sessions completed and the objective functional improvements of those sessions, the request for "Weekly Psychotherapy Treatment, One Session Per Week For 20 Weeks,45-50 Minutes Per Session" exceeds the total number of sessions as set forth by the ODG and therefore, is not medically necessary.