

<b>Case Number:</b>	CM14-0063521		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/05/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Texas. 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 injured worker is a 54 year old female with a reported date of injury on 07/04/2010. The mechanism of injury was not noted in the records. The diagnoses included major depressive disorder and anxiety disorder. The past treatments included pain medication, physical therapy, traction machine, and epidural steroid injections. There were no relevant diagnostic imaging studies submitted for review. There was no relevant surgical history noted in the records. The subjective complaints on 03/24/2014 included depressed mood and suicidal ideation. The examination noted the Beck depression inventory score of 37 and Beck anxiety inventory score of 21. The medications included Paxil and Trazodone. The plan was to initiate psychotherapy. A request was received for Individual Psychotherapy x 20 sessions weekly - Depression. The rationale was to increase mood and function. The request for authorization form was dated 03/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy x 20 sessions weekly - Depression: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive therapy for depression.

**Decision rationale:** The request for Individual Psychotherapy x 20 sessions weekly - Depression is not medically necessary. The California MTUS Guidelines recommend psychological treatment for appropriately identified injured workers during treatment for chronic pain. The Official Disability Guidelines recommend 13-20 visits of individual psychotherapy if progress is being made. The patient has depression and anxiety. The guidelines recommend up to 13-20 visits with documentation of progress. Given the injured worker's depression and suicidal ideation, psychological treatment would be appropriate. However, the request for 20 sessions does not allow for the reevaluation of treatment to assess for progress. As such, the request is not medically necessary.