

<b>Case Number:</b>	CM14-0065602		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/14/1993
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 61-year-old male with a date of injury of 6/14/93. The mechanism of injury was not found within the medical records. In his Interim Treatment Report of Primary Treating Physician (Psychiatry) dated 4/7/08, the doctor diagnosed the claimant with: (1) Adjustment disorder with mixed anxiety and depressed mood, chronic; (2) Psychological factors affecting medical condition (depression and anxiety aggravating gastrointestinal distress, cardiovascular distress, headaches, fatigue, and sexual dysfunction; and (3) Pain disorder associated with a general medical condition (orthopedic). In a recent PR-2 report dated 10/10/13, the same physician diagnosed the claimant with: (1) Adjustment disorder with predominant disturbance of other emotions; (2) Psychological factors affecting medical condition; and (3) Major depressive disorder, recurrent, unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weekly Psychotherapy Treatment - one (1) session per week for twenty (20) weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for Mental Illness and Stress regarding Cognitive Therapy for Depression.

**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 the APA Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition (2010), Maintenance phase, page 19.

**Decision rationale:** The California MTUS does not address the treatment of adjustment disorder or depression; therefore, the Official Disability Guidelines regarding the cognitive treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as reference for this case. Based on the review of the limited medical records submitted, it appears that the claimant has been receiving psychological services from one or more therapists at [REDACTED] for many years. However, there were only three reports/records submitted for review: the Interim Treatment Report of Primary Treating Physician (Psychiatry) dated 4/7/08, a PR-2 report dated 10/10/13, and a RFA from a different doctor dated 11/1/13. Neither record/report offered information about the number of sessions completed, updates on the patient's progress/improvement from completed services, current treatment goals, etc. Without sufficient information about the claimant's current status, the need for additional sessions cannot be fully determined. As a result, the request for weekly psychotherapy treatment, once per week for twenty weeks is not medically necessary or appropriate at this time.