

<b>Case Number:</b>	CM14-0072968		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 female (██████████) with a date of injury of 12/13/11. The claimant sustained injuries to her neck, back, left shoulder, and bilateral feet while working as an Information Technology Specialist for ██████████. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related injuries. In an Agreed Medical Evaluation in Psychiatry dated 3/31/14, ██████████ diagnosed the claimant with: (1) Generalized anxiety disorder; (2) Depressive disorder, NOS; and (3) Psychological factors affecting a medical condition. This diagnosis was further supported by ██████████ in her 5/11/14 Initial Psychological Consultation. The claimant has been treated via individual psychotherapy services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Psychotherapy Treatments 1 time a month for 6 months, then 2 times a month for 6 months, total of 18 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability 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 Other Medical Treatment Guideline or Medical Evidence:APA Practice Guidelines for the Treatment of Patients with Major Depressive Disorder third edition (2010).

**Decision rationale:** The CA MTUS does not address the treatment of depression and anxiety therefore; the Official Disability Guideline regarding the cognitive treatment of depression as well as the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant had been participating in psychotherapy services with her previous psychologist, ■■■■■■■■■■, from July 2012 through February 2014. As a result of ■■■■■■■■■■ death, the claimant was referred to ■■■■■■■■■■. Given the nature of the claimant's continued symptoms and the need to develop rapport, additional sessions are reasonable. However, the request for an additional 18 sessions appears excessive at this time as it does not allow for a reasonable amount of time for reassessment of treatment plan goals and interventions. As a result, the request for Initial Psychotherapy Treatments 1 time a month for 6 months, then 2 x a month for 6 months total of 18 visits are not medically necessary.