

<b>Case Number:</b>	CM14-0078264		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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:

According to the records provided for this independent review, this patient is a 59 year old male who reported an industrial/occupational work-related injury on September 28, 2010. The injury reportedly occurred during his usual and normal work duties as a tractor/trailer driver when his foot slipped while he was climbing up into the cab of his truck and he fell hitting his head. A second and similar injury was also noted as occurring on May 17, 2011. Medically he has been diagnosed with cervical disc herniations/foraminal stenosis and upper extremity radiculopathy; and closed head trauma. He reports constant neck pain with radiation to the left side of his face, head and trapezius muscle, dizziness, constant low back pain, tinnitus/hearing loss, and bilateral hip pain. He is status post back surgery and continues to report severe levels of pain. Psychologically he reports anxiety, depression, and stress. His depression is characterized by depressed mood, fatigue, poor sleep, anxiety, poor concentration, memory impairment, and panic attacks. He has been diagnosed with major depression, single episode. He is being treated with the antidepressant medication Cymbalta. A request for 20 weekly psychotherapy treatment sessions was made, and non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 Weekly Psychotherapy Treatment Sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral therapy guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions, psychological treatment Page(s): 101.

**Decision rationale:** ODG Guidelines state patients may have 13 to 20 visits maximum of psychotherapy if progress is being made. In cases of severe major depressive disorder, or PTSD, up to 50 sessions may be provided if progress is being made, however this patient does not appear to have either of these two diagnoses. His level of depression has been consistently rated as moderate, and not severe. Although the patient appears to be in continued psychological distress and his psychological symptomology is very well documented, this request for additional psychological treatment appears to exceed the MTUS and ODG Guidelines. In addition, documentation of objective functional improvement was insufficient. For these reasons the request is not medically necessary.