

<b>Case Number:</b>	CM14-0081611		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 a Licensed Psychologist 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 71 year-old female (██████████) with a date of injury of 7/29/10. The claimant sustained cumulative trauma injury while working as a Professor for ██████████. The mechanism of injury was not found within the records, In his 12/27/13 PR-2 report, the injured worker was diagnosed with: lumbar and thoracic sprain/strain. It is also noted that the claimant developed psychiatric symptoms secondary to her work-related injury. In his PR-2 report dated 3/28/14, the injured worker was diagnosed with: (1) Major depressive disorder, single episode, moderate; (2) Insomnia-type sleep disorder due to pain; and (4) 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:

**Psychotherapy treatment, once a week for 20 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines-Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non- MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive therapy for depression and on the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition (2010).

**Decision rationale:** The California MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the limited psychological records submitted for review, the claimant has been receiving psychological services and there is a request to continue those services. Although it is noted in the 3/28/14 PR-2 report that the claimant is in need of additional sessions, there is no information to fully substantiate the request. It is unknown how many sessions have been completed to date and the exact progress/improvements that have been made from those treatments. Additionally, although the claimant is deemed TTD, the request for an additional 20 sessions appears excessive since the claimant has already been receiving services. Given the insufficient supportive information as well as the excessive number of sessions requested, the request for psychotherapy treatment, once and a week for 20 weeks are not medically necessary.