

<b>Case Number:</b>	CM14-0082598		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 40 year-old male with a date of injury of 4/29/11. The claimant sustained a right fibula fracture when he slipped onto an oiled form and slid down the bridge slope while working as an iron worker for [REDACTED]. The claimant has been treated with medications and multiple surgeries including hardware removal in August 2013. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his PR-2 report dated 5/8/14, [REDACTED] diagnosed the claimant with depression NOS and pain disorder associated with both psychological factors and a general medical condition, chronic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) sessions of individual Psychotherapy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

**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, ODG Psychotherapy Guidelines.

**Decision rationale:** The California MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the limited medical records submitted, the claimant has been participating in psychotherapy services with [REDACTED]. In his 5/8/14 PR-2 report, [REDACTED] reports that the claimant is making substantial progress in treatment and additional sessions are medically necessary to prevent deterioration in functioning that would require a more intensive level of intervention. He also notes that the sessions will be decreased to two times per month. Given the recent progress and the plan to titrate down future psychotherapy sessions, the request for an additional 6 sessions appears reasonable. As a result, the request for six (6) sessions of individual psychotherapy is medically necessary.