

<b>Case Number:</b>	CM14-0090656		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Board Certified in Psychiatry 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:

Injured worker is a 34 year old female with date of injury 12/8/2009. Date of the UR decision was 6/5/2014. Report dated 12/16/2013 listed that she resisted taking medications because she was nursing, but she was clearly very depressed and anxious. She had little interest in sexual relations with her boyfriend which was straining the relationship. She was worried that her anxiety will harm her baby. Her objective findings was reported as her mood being anxious and depressed. She was diagnosed with Major Depressive Disorder, Single Episode, Severe and Generalized Anxiety Disorder. The treatment plan indicated that the plan was to continue weekly psychotherapy for the next six months (thru pregnancy), followed by twice monthly until stable is recommended. Per the report dated 12/16/2013, she had used 14 of the 28 visits authorized. She was being prescribed Alprazolam and Venlafaxine. Report dated 1/17/2014 suggested that she had completed 16 of the 28 psychotherapy visits authorized. Report dated 5/14/2014 suggested that she had completed 26 of the 28 psychotherapy visits authorized, however described feeling extremely anxious and depressed per that report. Her sleep had been poor and she had been very nervous around people and having nightmares. Additional 10 sessions of psychotherapy were requested per that report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional ten sessions of psychotherapy.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention. 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 Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression

**Decision rationale:** The submitted documentation suggests that the injured worker suffers from Major Depressive Disorder, Single Episode, Severe and Generalized Anxiety Disorder. She has completed 28 sessions of weekly psychotherapy and still continues to have significant symptoms. The documentation does not suggest any evidence of objective functional improvement. The request for Additional ten sessions of psychotherapy is not medically necessary.