

<b>Case Number:</b>	CM14-0094054		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Internal Medicine 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:

Patient is an injured worker with complaints of depression and anxiety. Date of injury was 05-08-2014. Progress report dated 07-15-2014 documented subjective complaints of feeling angry, depressed, and anxious. The patient continues to use antidepressants and occasional medication to help with sleep. Objective findings included fatigued appearance, affect blunted and slightly depressed. Diagnoses were depression and adjustment disorder. Treatment plan included a request for psychiatric evaluations. The work status was regular work. Utilization review decision date was 06-10-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Counseling Therapy for Twelve (times 12) Sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Psychological evaluations Page(s): 23, 100-102.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses behavioral interventions and psychological evaluations. MTUS guidelines limit the initial trial of psychotherapy to 4 visits. Medical records document the

diagnoses of depression and adjustment disorder. The request was for initial counseling therapy for twelve sessions, which exceeds the MTUS guideline recommendation of 4 visits for initial psychotherapy. Therefore, the request for Initial Counseling Therapy for Twelve (X12) Sessions is not medically necessary.