

<b>Case Number:</b>	CM14-0094583		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/22/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/21/2014

### 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 55 year-old female (DOB [REDACTED]) with a date of injury of 3/22/07. The claimant sustained an injury when she slipped and fell onto her outstretched arm while working as a Program Technician II for the [REDACTED]. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his 5/16/14 PR-2 report, Dr. [REDACTED] diagnosed the claimant with: (1) Major depression, recurrent, severe, without psychosis; and (2) Pain disorder associated with both psychological factors and general medical condition. The claimant has received psychotherapy services to treat her psychaitric symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Individual Psychotherapy Quantity 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter and on Other Medical Treatment Guideline or Medical Evidence: APA Practice Guideline For The Treatment of Patients With Major Depressive Disorder, Third Edition (2010), Maintenance phase (pg. 19).

**Decision rationale:** The CA 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 review of the medical records, the claimant has received an extensive amount of psychotherapy since her injury in 2007. It appears that she received psychological services with treating psychologist, Dr. [REDACTED] from September 2011 through January 2013. She took a slight hiatus from therapy and resumed in June 2013 through the present. She is completing once a month sessions with Dr. [REDACTED]. In his most recent PR-2 report dated 5/16/14, Dr. [REDACTED] indicated that he would continue to see the claimant once per month for follow-up cognitive behavioral psychotherapy. However, he stated, While I continue to remain available...the frequency at which she is seen is not likely to prove effective for anything other than monitoring and crisis counseling. As indicated in my initial assessment, she should be in more intensive treatment. However, her transportation is very inconsistent causing her to miss treatment. Thus, I will continue to schedule her for once per month. The APA Practice Guideline indicates that for many patients, particularly for those with chronic and recurrent major depressive disorder or co-occurring medical and/or psychiatric disorders, some form of maintenance treatment will be required indefinitely. Given this information as well as the fact that the claimant remains highly symptomatic, additional sessions appear reasonable. As a result, the request for Individual Psychotherapy Quantity 6 is medically necessary.