

<b>Case Number:</b>	CM14-0189374		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	01/03/2009
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 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 injured worker is a 57 year-old female [REDACTED] with a date of injury of 1/3/09. The injured worker sustained injury when she tripped and fell, hitting her head, bruising her left arm, and falling onto her the left side of her buttocks. She also twisted her back in the process. The injured worker sustained these injuries while working for Starbucks. In the "SOAP" note dated 10/15/14, [REDACTED] offered the following diagnostic assessment: (1) Failed back surgery syndrome with ongoing back and radicular pain down the left leg, most consistent with L5 distribution. Post two laminectomies, L5-S1 anterior fusion; (2) Pain induced depression, improved with the work with [REDACTED] determined to be industrially related; (3) Right incisional pain and tenderness; and (4) Right greater trochanter bursitis. Additionally, in his 7/19/14 report, [REDACTED] diagnosed the injured worker with: (1) Spinal stenosis, lumbar spine; (2) Failed surgery, lumbar spine; (3) Late postoperative, lumbar spine; (4) Scoliosis, lumbar spine; and (5) Chronic pain. It is also reported that the injured worker developed psychiatric symptoms secondary to her work-related orthopedic injuries. She has been treating her psychiatric symptoms with psychotherapy from Psychologist, [REDACTED]. His 9/9/14 progress note indicates session number 71. The request under review is for an additional 10 sessions of psychotherapy with [REDACTED]

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten sessions of psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Genex CGT Guidelines for Major Depression and Dysthymia: Treatment, Major Depression

**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 Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression as well as the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. The claimant has been treating with [REDACTED] for the past couple of years for a total of 71 psychotherapy sessions. Unfortunately, there were only a few progress notes submitted for review and they do not offer very much information regarding the interventions being used and the progress/improvements achieved from the sessions. The ODG specifically indicates that for more treatment, objective functional improvements need to be demonstrated. Given the amount of psychotherapy already received, the request for an additional 10 sessions appears excessive. Without sufficient information to substantiate the need for additional treatment, the request for an additional ten sessions of psychotherapy is not medically necessary.