

<b>Case Number:</b>	CM14-0190238		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 injured worker is a 54 year-old female [REDACTED] with a date of injury of 3/20/12. The injured worker sustained injury while working for [REDACTED]. The mechanism of injury was not found within the minimal medical records submitted for review. It is noted that in his Request for Authorization (RFA) dated 10/28/14, [REDACTED] diagnosed the injured worker with major depressive disorder; pain disorder associated with both psychological factors and a general medical condition; insomnia related to chronic pain; and panic disorder with agoraphobia. The request under review is for psychotherapy sessions. Unfortunately, there are no psychological nor psychiatric records included for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy sessions, once weekly for 24 weeks:** Upheld

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

**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, 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. Unfortunately, other than RFA's submitted by [REDACTED], there are no other psychological or psychiatric records submitted for review. It is unclear whether the injured worker completed a psychological evaluation or if she has any history of completing prior psychological services. Without any information to support and substantiate the request, the request for 24 psychotherapy sessions, once weekly for 24 weeks is not medically necessary.