

<b>Case Number:</b>	CM14-0193068		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	08/07/2008
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 60 year-old male (██████████) with a date of injury of 8/7/08. The injured worker sustained injuries to his back when he fell from scaffolding about 5 ft. up while working for ██████████. Secondary to his work-related orthopedic injuries, the injured worker also developed psychiatric symptoms such as depression and anxiety. In his report dated 10/30/14, treating psychologist, ██████████, diagnosed the injured worker with Major Depressive Disorder. The injured worker has been receiving psychological services for the past few years. The request under review is for additional psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten Individual Psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation APA PRACTICE GUIDELINE FOR THE Treatment of Patients With Major Depressive Disorder Third Edition (2010) Maintenance phase (pg. 19) Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

**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 referneces for this case. Based on the review of the medical records, the injured worker has been receiving psychological services for the past few years. It appears that he participated in psychotherapy with ██████████ in 2012 and 2013 for a total of 50 or more sessions. He discontinued services in early 2013, but was re-evaluated for psychological services in December 2013 by ██████████. Following the evaluation in 2013, ██████████ began offering psychotherapy on a weekly basis. It was not until September 2014 that sessions were transitioned to biweekly. Overall, it appears that the injured worker completed over 30 sessions with ██████████ ██████████ in 2014. The ODG recommends a total of up to 20 sessions as long as objective functional improvements are being demonstrated. Given the vast amount of psychotherapy completed over the past 2.5 years, the request for additional sessions appears excessive. As a result, the request for an additional "Ten Individual Psychotherapy sessions" is not medically necessary.