

<b>Case Number:</b>	CM14-0193894		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 a licensed Doctor of 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 56 year old male (██████████), who was injured on the job, May 1, 2013. A temporary wall fell on the injured worker. The injured worker was diagnosed with cervical, thoracic and lumbar sprain/strain. The injured worker had been taking Tramadol and gabapentin for pain. The injured worker was partially temporally disabled. According to the progress note of August 4, 2014, 2014, the injured worker reported symptoms of depression that began soon after the industrial accident. The symptoms included depressed mood, loss of motivation, anhedonia, sleep disruption, trouble concentrating, trouble making decisions and weight gain. The progress notes provided noted improvement of the depression each visit. On June 2, 2014, the injured worker had first appointment with the counselor. According to the progress note the injured worker had a depressed mood, insomnia, fatigue, weight gain and difficulty concentrating. The injured worker denied any prior history of these feelings or symptoms. The mental exam noted the injured worker was able to concentrate, normal thought process, no hallucinations or delusions, no suicidal ideation or homicidal thoughts. The injured worker was started on Bupropion. According to the progress note of June 23, 2014, the injured workers symptoms had improved and medication was to continue. On August 4, 2004, the counselor added Esictalopram to the medications the injured worker was already taking. On August 18, 2014 the injured worker reported having headaches. The counselor then discontinued the Bupropion. According to the progress note of October 10, 2014, the injured worker had stopped taking both antidepressants. The injured worker felt it was more beneficial talking to the counselor than taking the medication. On November 10, 2014, the UR denied medical psychotherapy for the injured worker. The request did not specify how many medical psychotherapy visits were requested. The denial was based on the MTUS and the ODG guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical psychotherapy (quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG cognitive behavioral therapy (CBT)

**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

**Decision rationale:** The CA 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. Based on the review of the medical records, the injured worker has been receiving psychotropic medications from psychiatrist, [REDACTED], with some improvements. It is also appears that [REDACTED] was offering some counseling as well as the request under review is for additional psychotherapy. It is unclear from the submitted documentation as to the modality of psychotherapy being utilized by [REDACTED] and whether the improvements were from the psychotherapy or the medications. Additionally, the request for continued medical psychotherapy remains too vague as it does not indicate how many sessions are being requested, the frequency of the proposed sessions, nor the modality of psychotherapy to be utilized. As a result, the request for "Medical psychotherapy (quantity unspecified)" is not medically necessary.