

<b>Case Number:</b>	CM14-0200582		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	08/15/2006
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Psychologist (PHD, PSYD) 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 (IW) is a 72 year-old male [REDACTED] with a date of injury of 8/15/2006. The IW sustained injury while working for [REDACTED]. The mechanism of injury was not found within the medical records offered for review. In their most recent PR-2 report dated 9/2/14, [REDACTED] and [REDACTED] diagnosed the IW with: (1) Major depressive disorder, single episode, moderate; and (2) Psychological factors affecting medical condition. The IW has been receiving treatment for his psychiatric symptoms including psychotropic medications and individual psychotherapy. He is currently taking Lexapro 20 mg once per day, Ambien CR 12.5 mg once at night, and Ativan 1 mg as needed. The request under review is for additional psychotherapy sessions at once per month for 10 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional individual psychotherapy 1 per month x 10 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy Page(s): 23. Decision based on Non-MTUS Citation ODG- Cognitive Behavioral Therapy

**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, 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 IW has been receiving psychotropic medications from [REDACTED] and individual psychotherapy from [REDACTED] for quite some time. In their most recent PR-2 report dated 9/2/14, [REDACTED] and [REDACTED] note that the IW's objective findings are that he has "been taking these medications for years. It's medically necessary to continue taking meds for the patient's well being." There is no mention as to the progress and/or improvements made from the psychotherapy sessions or whether the sessions are simply for maintenance. In fact, the subjective report indicates that the IW "is unchanged." It is unclear as to how many psychotherapy sessions have been completed to date and whether the request for additional sessions is to maintain gains made or with an expectation of improvement. Without more information about prior psychotherapy sessions, the need for additional psychotherapy cannot be fully determined. As a result, the request for "Additional individual psychotherapy 1 per month x 10 months" is not medically necessary.