

<b>Case Number:</b>	CM14-0205759		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	12/23/2008
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 is a 54 year-old female (██████████) with a date of injury of 12/23/2008. The injured worker sustained injury to her back while working as a driving instructor for the ██████████. In his PR-2 report dated 11/4/14, ██████████ diagnosed the injured worker with Displacement of intervertebral disc without myelopathy. The injured worker also developed psychological symptoms of depression secondary to her work-related orthopedic injury and has been diagnosed with Major Depressive Disorder. She has been receiving individual psychotherapy from ██████████, to manage and reduce her symptoms. The request under review is for an additional 10 psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy times 10 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Mental Illness and Stress Chapter; Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

**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 will be used as reference for this case. Based on the review of the medical records, the injured worker has been participating in psychotherapy with a LCSW for a total of 16 sessions. She has been able to demonstrate improvements in her social functioning as well as in her completion of her ADL's. Despite this, the ODG recommends a total of up to 20 psychotherapy visits. Utilizing this guideline, the request for an additional 10 visits exceeds the total number of sessions as recommended by the ODG. As a result, the request for "Individual psychotherapy times 10 visits" is not medically necessary. It is noted that the injured worker received a modified authorization for 6 visits in response to this request.