

<b>Case Number:</b>	CM14-0206077		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	03/23/2009
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/08/2014
<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 licensed 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 43 year-old male [REDACTED] with a date of injury of 3/23/2009. The injured worker sustained injuries to his back and neck while working as a detention officer for the [REDACTED]. In his Pain Medicine Re-Evaluation dated 11/18/14, [REDACTED] diagnosed the injured worker with: (1) Cervical disc degeneration; (2) cervical facet arthropathy; (3) Cervical radiculitis; (4) Lumbar facet arthropathy; (5) Lumbar radiculopathy; and (6) Chronic pain, other. He has been treated for his orthopedic injuries with medications, injections, and physical therapy. It is also reported that the injured worker developed psychological symptoms of depression and anxiety secondary to his work-related orthopedic injuries and pain. In the "Panel Qualified Medical Re-Examination" report dated 8/20/14, [REDACTED] diagnosed the injured worker with Depressive Disorder, NOS. According to the UR determination letter, the injured worker has also been diagnosed with: (1) Unspecified depressive disorder; (2) Male hypoactive sexual desire disorder; (3) Psychological factors affecting medical condition; and (4) Somatic symptoms disorder with predominant pain, moderate. The request under review is for 20 sessions of individual psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy 1 x 20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

**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 began psychotherapy treatment in June 2014, but only attended 2-3 sessions and was unable to continue due to work scheduling conflicts. There were no medical records included for review. Despite this, the ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks" may be needed. Utilizing this guideline, the request for 20 psychotherapy sessions exceeds the recommended number of initial sessions as well as the number of total sessions given the fact that the injured worker has already received prior services. As a result, the request for "Individual psychotherapy, 1 x 20" is not medically necessary.