

<b>Case Number:</b>	CM15-0139937		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Psychologist

### 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 52 year old female, who sustained an industrial injury on May 19, 2009. The injured worker reported falling and landing on her left side causing injury to the left leg, low back, left arm, and the left side of the head. The injured worker was diagnosed as having major depressive disorder, dysthymic disorder, degeneration of the lumbar or lumbosacral intervertebral disc, other malaise and fatigue, myalgia and myositis unspecified, disturbance of skin sensation, pain to the limb, disorders of the sacrum, lumbago, and back sprain not otherwise specified bilateral sacroilitis. Treatment and diagnostic studies to date has included home exercise program, use of ice, use of heat, medication regimen, magnetic resonance imaging, electromyogram with nerve conduction velocity, use of a cane, physical therapy, at least five sessions of psychotherapy, use of a support belt, and aqua therapy. In a progress note dated May 31, 2015 the treating physician reports continued complaints of pain to the low back, legs, left arm, left wrist, and neck. The progress note also indicated complaints of sadness and feeling upset all of the time. The progress note indicated that the injured worker has no enjoyment in anything secondary to pain and has difficulty shifting her focus from the pain, but the treating psychologist indicates that the injured worker has motivation to improve. The treating psychologist noted that the injured worker's progress with therapy was slow but was assisting the injured worker to understand her chronic pain and how it affects her psychologically. The treating psychologist requested six Individual psychotherapy sessions with the treating psychologist noting that future sessions will assist her with attainable goals and to provide an improved prognosis to improve the injured worker's quality of life.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy times 6 sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychotherapy services from [REDACTED] and his associates. The May and June psychological reports offer relevant and appropriate information regarding completed services including the number of sessions completed as well as the progress made and the continued symptoms. The ODG recommends "up to 13-20 visits" for the treatment of depression. Utilizing this guideline, the request for an additional 6 visits is reasonable and within the recommended number of sessions. As a result, the request for an additional 6 psychotherapy visits is medically necessary.