

<b>Case Number:</b>	CM15-0141674		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 59-year-old male, who sustained an industrial injury on 10-1-09. The injured worker was diagnosed as having major depressive disorder, posttraumatic stress, cognitive disorder, and pain disorder. Treatment to date has included psychiatric treatment and medication. Currently, the injured worker complains of anxiety, depression, panic attacks, impaired concentration, impaired memory, diminished energy, and irritability. The treating physician requested authorization for psychotherapy sessions 1x12, Beck anxiety inventory 1x6 weeks, and Beck depression inventory 1x6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Psychotherapy Sessions 1x12: Upheld**

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

**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 both psychiatric medication management services as well as psychotherapy to treat his symptoms of depression and anxiety. It appears that the injured worker began psychotherapy in mid 2014 and has completed an unknown number of sessions. Additionally, although he has received numerous sessions, he continues to remain symptomatic and has been unable to demonstrate consistent progress and improvements. The ODG recommends up to "20 visits if progress is being made." It further recommends that in "severe cases of Major Depression or PTSD, up to 50 sessions if progress is being made." Unfortunately, without having sufficient documentation regarding the number of completed sessions to date nor the demonstration of consistent progress being made from those sessions, the request for an additional 12 psychotherapy sessions is not medically necessary.

**Beck Anxiety Inventory 1x6 weeks:** 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 Chapter.

**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: Beck Depression Inventory (BDI).

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving both psychiatric medication management services as well as psychotherapy to treat his symptoms of depression and anxiety. It appears that the injured worker began psychotherapy in mid 2014 and has completed an unknown number of sessions. Additionally, although he has received numerous sessions, he continues to remain symptomatic and has been unable to demonstrate consistent progress and improvements. The request under review is for an additional administration of the BAI in conjunction with additional treatment. Unfortunately, additional treatment has been found to be unnecessary. As a result, the request for one administration of the BAI is not medically necessary as well.

**Beck Depression Inventory 1x6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 both psychiatric medication management services as well as psychotherapy to treat his symptoms of depression and anxiety. It appears that the injured worker began psychotherapy in mid 2014 and has completed an unknown number of sessions. Additionally, although he has received numerous sessions, he continues to remain symptomatic and has been unable to

demonstrate consistent progress and improvements. The request under review is for an additional administration of the BAI in conjunction with additional treatment. Unfortunately, additional treatment has been found to be unnecessary. As a result, the request for one administration of the BAI is not medically necessary as well.