

<b>Case Number:</b>	CM15-0160680		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	10/28/1996
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 51-year-old female who sustained an industrial injury on October 28, 1996 resulting in symptoms noted to be associated with depression and anxiety. She was diagnosed with major depression disorder single episode, moderate with anxiety; and, sleep disorder insomnia type due to chronic pain and stress. Documented treatment has included psychotropic medications and psychotherapy. The injured worker continues to report depressive and anxiety symptoms as well as interrupted sleep. The treating physician's plan of care includes psychotherapy once per week for 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy sessions once a week for 6 months:** Upheld

**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 completed an initial psychological evaluation with [REDACTED] in May 2014. According to UR, the injured worker has completed approximately 49 psychotherapy sessions for the treatment of depression. The number of completed sessions to date cannot be confirmed as [REDACTED] notes/reports fail to indicate the number of completed sessions since psychotherapy commence. In the treatment of depression, the ODG recommends up to 20 psychotherapy sessions. However, in cases of severe depression, the ODG recommends "up to 50 sessions if progress is being made." Given the fact that the injured worker has already received close to 50 sessions and there is limited progress and improvements noted within the records, additional treatment, especially an additional 24 sessions, is not warranted. As a result, the request for psychotherapy sessions once per week for 6 months is not medically necessary.