

<b>Case Number:</b>	CM15-0182584		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	01/22/2008
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 56 year old male, who sustained an industrial injury on 1-22-2008. Medical records indicate the worker is undergoing treatment for adjustment disorder with mixed anxiety and depressed mood and psychological factors affecting medical condition. A recent progress report dated 3-31-2015, reported the injured worker complained of depression and apprehension about a future myocardial infarction. Physical examination was not included in this report, but it was noted that ongoing support was needed to provide structure and support to keep the injured worker motivated and goal directed. Treatment to date has included psychotherapy and medication management. On 3-31-2015, the Request for Authorization requested for Individual psychotherapy one session per week for 20 weeks. On 8-17-2015, the Utilization Review modified the request for Individual psychotherapy one session per week for 20 weeks to one session per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy one session per week for 20 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 (ODG), Pain Chapter, Behavioral interventions, Cognitive behavioral therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness/Cognitive therapy for depression.

**Decision rationale:** "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Upon review of the submitted documentation, it is gathered that the injured worker suffered from myocardial infarction at work and has been diagnosed with Major Depressive Disorder, single episode, moderate; Psychological factors affecting general medical condition and male hypoactive sexual desire disorder. It has been suggested that he has completed several psychotherapy sessions with some benefit. It is to be noted that the guidelines recommend up to 13-20 visits over 7-20 weeks (individual sessions). Request for Individual psychotherapy one session per week for 20 weeks, i.e. 20 additional sessions is excessive and not medically necessary. It is to be noted that the UR physician authorized 6 additional sessions.