

<b>Case Number:</b>	CM15-0186130		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	02/27/2003
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 49 year old female, who sustained an industrial injury on 2-27-03. The injured worker was diagnosed as having major depressive disorder recurrent, severe with psychotic features; sleep apnea. Treatment to date has included status post arthroscopic surgery of the bilateral temporomandibular joint (TMJ) (12-2003); left carpal tunnel release (12-2003); status post right carpal tunnel release (7-2004); status post re-release right carpal tunnel (1-2005; 4-2005; 12-2005 and 2006); status post sleep apnea surgery (8-2006); status post bilateral cataract surgeries (9-2014); physical therapy; psychiatric counseling; medications. Currently, the PR-2 notes dated 7-30-15 indicated the injured worker complains of pain being worse, more of upper body and attributes to more activity on farm. The provider documents the following: "Still going but watching more 3 times a week; mood fairly stable but worse SI [sacroiliac] pain, some hopelessness; has not gotten encouraging feedback from intake office re: therapy; may need to pursue prior auth. Still on Lexapro 10, able to CFS." Older PR-2 notes from 2014 indicate the injured worker is a status post left above-the-knee amputation (no date and not definitive as related to the industrial injury of 2003). The injured worker is also noted to have had multiple surgeries: status post arthroscopic surgery of the bilateral temporomandibular joint (TMJ) (12-2003); left carpal tunnel release (12-2003); status post right carpal tunnel release (7-2004); status post re-release right carpal tunnel (1-2005; 4-2005; 12-2005 and 2006); status post sleep apnea surgery (8-2006); status post bilateral cataract surgeries (9-2014). It is difficult to ascertain if these surgeries are related to the industrial injury of 2-27-2003 per the medical submitted for review. A Request for Authorization is dated 10-8-15. A Utilization Review letter is dated 8-27-15 and modified the certification for Psychotherapy 20-30 minutes to 1 hour weekly to allow 4 weeks. A request for authorization has been received for Psychotherapy 20-30 minutes to 1 hour weekly.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 20-30 minutes to 1 hour weekly:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 medication management services as well as brief psychotherapy from treating psychiatrist, [REDACTED]. In the most recent progress note, dated 7/28/15, [REDACTED] fails to indicate the number of completed psychotherapy sessions to date as well as the progress and improvements that have been made as a result of those services. For the treatment of depression, the ODG recommends "up to 13-20 visits, if progress is being made." Without sufficient information regarding prior services, the need for additional treatment cannot be fully made. Additionally, the request for an unknown number of weekly psychotherapy sessions remains too vague. Therefore, the request for psychotherapy 20-30 minutes to 1 hour weekly is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 4 visits in response to this request.