

<b>Case Number:</b>	CM15-0189419		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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:

This is a 51 year old male who sustained a work-related injury on 3-6-12. Documentation revealed the injured worker was being treated for major depression, single episode, severe without psychotic features. On 5-4-15 the injured worker continued to participate in twice weekly psychotherapy focused on depression, pain and difficulty with communication. He had cognitive difficulty in organizing his thought process due to constant pain. His pain was associated with severe depression and the pain caused inactivity and social isolation. He reported associated anger, doubts about the future and despair. The pain in his neck, shoulder and back interfered with his ability to function independently. On 8-6-15 the injured worker reported that his pain continued to be associated with depression, anger, doubts about the future and despair. His pain continued to lead to inactivity and social isolation. He reported that his back pain had worsened and was deteriorating. His physical function was limited due to no improvement in his neck and right shoulder pain. The injured worker had received psychotherapy since at least 1-29-15. A request for psychotherapy twice weekly from 8-1-15 and 11-30-15 dated 8-6-2015 was submitted. On 8-28-15 the Utilization Review physician determined psychotherapy twice weekly from 8-1-15 and 11-30-15 was not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy, twice weekly from 08/01/15 to 11/30/15: 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 completed an initial psychological evaluation with [REDACTED] in January 2015 and participated in twice weekly psychotherapy services for an unknown number of completed sessions to date. The request under review is for additional twice weekly psychotherapy sessions from 8/1/15 to 11/30/15 equaling approximately 32 sessions. In the treatment of depression, the ODG recommends "up to 13-20 sessions over 7-20 weeks, if progress is being made" and "in cases of severe major depression or PTSD, up to 50 sessions if progress is being made." Considering that the injured worker has already received a significant amount of psychotherapy, the request under review exceeds the total number of sessions set forth by the ODG. As a result, the request is not medically necessary.