

<b>Case Number:</b>	CM15-0216683		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 42 year old female who sustained an industrial injury on 8-11-14. A review of the medical records indicates she is undergoing treatment for depressive disorder, multiple level cervical disc protrusion, left shoulder tendinosis and impingement, and thoracolumbar pain complaints. Medical records (1-8-15, 8-6-15, and 10-1-15) indicate ongoing complaints of depressed mood, irritability, sleep disturbance, loss of appetite, problems focusing, frustration, and suicidal ideation. She states, "I think a lot about suicide but I would not do it" and "It really bothers me I don't want to cry" (8-6-15). The 10-1-15 record is largely illegible. However, the injured worker states that she "wanted to take all the pills I use because I was not able to get a session with you", referring to the provider. Psychological testing was completed on 1-8-15, showing "moderate" anxiety and "moderate" depression. She has been receiving individual psychological sessions, cognitive behavioral therapy, and sessions involving "trauma work". The treatment plan includes continuation of weekly psychotherapy to increase self- esteem and decrease symptoms of depression, as well as suicidal ideation. The utilization review (10-13-15) includes a request for authorization of additional psychotherapy (6 sessions). The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy Qty: 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

**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] on 1/8/15. She did not participate in follow-up psychotherapy services immediately following the evaluation due to her work schedule. It appears that she finally began psychotherapy in July 2015 with [REDACTED]. There are several hand-written progress notes and PR-2 reports dated between 7/30/15 and 11/12/15. Unfortunately, most of the notes are difficult to read and decipher. Therefore, it is unclear as to the number of completed sessions to date as well as the progress and improvements made from those sessions. In the treatment of depression, the ODG recommends "up to 13-20 sessions, if progress is being made." Without legible documentation that substantiates the need for additional treatment, the request for an additional 6 psychotherapy sessions is not medically necessary.