

<b>Case Number:</b>	CM15-0044717		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 30 year old female, who sustained an industrial injury on 06/30/2014. On provider visit dated 01/20/2015. On examination she was noted as being depressed. The injured worker has reported having an appointment with a psychiatrist. The diagnoses have included major depression disorder recurrent episodes. Treatment to date has included cognitive behavior therapy, psychotropic medication management and treatment with neurologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive therapy 1 time a week for 6 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Cognitive behavioral therapy guidelines for chronic pain.

**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 psychiatric medication management services since her injury; however she has decided to stop all psychotropic medications. She has also been participating in individual psychotherapy with [REDACTED] since the initial evaluation on 10/7/14. It appears that 10 psychotherapy sessions were completed between 11/4/14 and 2/17/15. The injured worker remains symptomatic despite some improvement in mood and functioning. Although [REDACTED] provided minimal information about the objective functional improvements made from the completed sessions, the injured worker is in need of further services. The ODG recommends a total of 13-20 psychotherapy sessions. The request for an additional 6 sessions falls within this range and appears reasonable. As a result, the request for an additional 6 psychotherapy sessions, once per week, is medically necessary.