

<b>Case Number:</b>	CM15-0088179		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	01/16/2015
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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:

This is a 39 year old female with a January 16, 2015 date of injury. A progress note dated April 7, 2015 documents subjective findings (stress and strain due to work; sleep difficulties; forgetfulness; increased irritability), and current diagnoses (major depressive disorder, single episode; anxiety disorder not otherwise specified). Objective findings and treatments to date were not documented in the medical record. The treating physician documented a plan of care that included individual psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy eight (8) sessions, once weekly:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

**Decision rationale:** ODG Psychotherapy Guidelines recommend: "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." The injured worker has been diagnosed with major depressive disorder, single episode and anxiety disorder not otherwise specified. The request for Individual psychotherapy eight (8) sessions once weekly exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.