

<b>Case Number:</b>	CM14-0126627		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 58 year old male with date of injury 12/19/2013. Date of the UR decision was 7/16/2014. The injured worker encountered injuries to his neck, wrists, and shoulder. He was involved in motor vehicle accidents, the first in which a pedestrian was killed and in the second a motorist was injured. Per report dated 7/8/2014, the injured worker was diagnosed with Major depressive illness, single episode, and moderate. Per report dated 7/2/2014, he was diagnosed with Major Depressive Illness, single episode, Anxiety disorder NOS, Recent onset of alcohol abuse i.e. 6-10 beers daily, approximately one day a week. It was suggested that the injured worker was overwhelmed with feelings of guilt. He suffered from sleeplessness, nightmares, and intrusive recollections of the first accident. He encountered injuries to his neck, wrists, and shoulder in the second accident, and he continued to suffer from several psychological symptoms including guilt, hopelessness, sadness, nightmares, and crying spells. A psychological evaluation dated 7/1/14 reported that he continued to be depressed and tearful. He had begun drinking 6 to 10 beers daily a week. The injured worker reported that he had 3 psychotherapy sessions after the incident on 6/6/13 that he found helpful. The patient had agreed to stop consuming alcohol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Psychotherapy sessions over 4 months for depression (1-2 times per week): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines - Cognitive Behavioral Therapy (CBT) 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) <Stress and Mental illness chapter, <Cognitive therapy for depression

**Decision rationale:** ODG Psychotherapy Guidelines recommend: Initial trial of 6 sessions, 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 reported that he had 3 psychotherapy sessions after the incident on 6/6/13 that he found helpful. However, the psychotherapy progress reports are not available and there is no clear documentation regarding evidence of functional improvement. The injured worker has had 3 sessions so far, and the guidelines recommend a trial of 6 sessions. The request for 12 Psychotherapy sessions over 4 months for depression (1-2 times per week) is excessive at this time and thus medical necessity cannot be established. The injured worker reported that he had 3 psychotherapy sessions after the incident on 6/6/13 that he found helpful. However, the psychotherapy progress reports are not available and there is no clear documentation regarding evidence of functional improvement. The injured worker has had 3 sessions so far, and the guidelines recommend a trial of 6 sessions. The request for 12 Psychotherapy sessions over 4 months for depression (1-2 times per week) is excessive at this time and thus medical necessity cannot be established.