

<b>Case Number:</b>	CM14-0160881		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	01/25/1996
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 a licensed Doctor of Psychology 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:

The claimant is a 50 year-old female (██████████) with a date of injury of 1/25/96. The claimant sustained injury to her back as the result of normal and customary duties as a clerical specialist for ██████████. In his 8/19/14 "primary Treating Physician" report, ██████████ diagnosed the claimant with: (1) Depression; (2) Adjustment disorder with anxiety; (3) Chronic pain due to trauma; and (4) Failed back surgery syndrome, lumbar. She has been treated conservatively with medications, physical therapy, infections, surgery, and psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of psychotherapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**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

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has participated in psychotherapy services in the past with [REDACTED] however, she discontinued services sometime in early 2013. In his most recent report dated 8/19/14, [REDACTED] indicated that the claimant "does admit to being much more depressed with difficulties with motivation and drive. She feels really 'blah' and sad but she denies any suicidal ideation. She has a lot of fear and anxiety and she is afraid to go outside and do things. She has seen [REDACTED] in the past and she needs to discuss this with supportive therapy and CBT (cognitive behavioral therapy). She saw him for only one month for a total of eight visits; this is inadequate to keep her going at this point. She last saw him 18-24 months ago." Given this information, the request for psychological services appears appropriate however, it has been some time since the claimant received services. At this time, an updated psychological evaluation would be helpful in order to gain more specific diagnostic information with appropriate treatment recommendations. Additionally any request for follow-up sessions could be considered as initial trial of visits. As a result, the request for "12 sessions of psychotherapy visits" is not medically necessary.