

<b>Case Number:</b>	CM14-0051973		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/23/2008
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Psychologist (PHD, PSYD) 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 injured worker is a 54 year-old female with a date of injury of 12/23/08. The injured worker sustained injury to her back while working as a driving instructor for the [REDACTED]. The injured worker was deemed P&S psychiatrically by [REDACTED] on 12/23/13. Due to an exacerbation of symptoms, the injured worker was authorized for an initial psychological evaluation, which was conducted by [REDACTED] in April 2014. In his "Doctor's First Report of Occupational Injury or Illness" dated 4/3/14, [REDACTED] diagnosed the injured worker with Major Depressive Disorder, Recurrent. The request under review is for an initial trial of 24 psychotherapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **24 Psychotherapy sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy guidelines.

**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 utilized as reference for this case. Based on the review of the medical records, the injured worker developed symptoms of depression secondary to her work-related orthopedic injury. She was deemed psychiatrically P&S by [REDACTED] on 12/23/13, however, in early 2014, the injured worker began experiencing an exacerbation of psychiatric symptoms including depression and anxiety as her case was facing closure. The injured worker was evaluated by the treating provider, who recommended 24 psychotherapy sessions. The ODG recommends an "initial trial of 6 visits over 6 weeks." Given this guideline, the request for an initial 24 sessions exceeds the recommendations. As a result, the request for "24 psychotherapy sessions" is not medically necessary.