

<b>Case Number:</b>	CM15-0015202		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	07/06/1992
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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:

The injured worker is a 61 year old female, who sustained an industrial injury on 07/06/1992. She has reported traumatic symptoms secondary to significant work stress. The diagnoses have included major depression disorder, moderate. Treatment to date has included psychotherapy sessions. A progress note from the treating physician, dated 12/17/2014, documented a follow-up visit with the injured worker. The injured worker has reported anxiety and depression, with sleep and eating disturbances, inability to concentrate, and agitation. Objective findings included emotional and cognitive symptoms of distress; and improvements in symptoms and behavior, as well as continued distress. The treatment plan has included request for psychotherapy 1x/week (occasional additional session, if period of high stress or symptoms exacerbation) for 6 months; and follow-up evaluation as scheduled. On 12/29/2014 Utilization Review noncertified a request for Psychotherapy hour appointments. The CA MTUS, ACOEM; and the ODG were cited. On 01/27/2015, the injured worker submitted an application for IMR for review of Psychotherapy hour appointments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 1/2 hours appointments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 57-64, 396-397. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive behavior therapy for depression. The OMFS (Official Medical Fee Schedule), sections 9789.10-9789.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Mental Illness & Stress Topic: Cognitive therapy for depression, Cognitive therapy for PTSD

**Decision rationale:** IODG Psychotherapy Guidelines recommend: "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."Based upon the review of the submitted documentation, it is indicated that the injured worker has had extensive psychotherapy treatment (approx 450 sessions) so far. She had exceeded the guideline recommendations and due to lack of any documented objective functional improvement from the treatment, the request for Psychotherapy 1/2 hours appointments is excessive and not medically necessary.