

<b>Case Number:</b>	CM15-0019393		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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  
 Certification(s)/Specialty: Psychologist

### 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 62 year old male, who sustained an industrial injury on November 21, 2011. The diagnosis is major depressive disorder. A progress note dated November 14, 2014 provides the injured worker is having less panic attacks and is walking to reduce stress. He is using oral medication as well as psychotherapy. He reports difficulty sleeping and is often forgetful. Socially he isolates himself from family and friends. On January 8, 2015 utilization review non-certified a request for cognitive behavioral psychotherapy, quantity 3. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 8, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral psychotherapy, quantity 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT)

**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 Cognitive therapy for depression

**Decision rationale:** Based on the review of the minimal medical records submitted, the injured worker has been participating in psychotherapy with [REDACTED] and/or one of his colleagues. Unfortunately, there is not enough information within the handwritten progress notes nor the typed reports about the number of completed sessions to date nor the objective functional improvements made from the completed sessions. The ODG recommends a total of up to 13-20 psychotherapy sessions as long as CBT is being conducted and there is documented objective functional improvements. Without this information, the need for additional psychological services cannot be fully determined. As a result, the request for an additional 3 psychotherapy sessions is not medically necessary.