

<b>Case Number:</b>	CM15-0119586		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 (IW) is a 56-year-old male who sustained an industrial injury on 04/12/2010. Diagnoses include depressive disorder NOS; pain disorder associated with both psychological factors and a general medical condition; passive personality traits; status post L3-4 fusion, L4-5 hemilaminectomy, post laminectomy syndrome. Treatment to date has included medications, physical therapy, surgery and psychological therapy. According to the Agreed Medical Re-Evaluation dated 3/25/15, the IW reported his mood is low all the time and he experiences irritability, indecisiveness and diminished social interest with discouragement about the future. He also reported concerns about his physical condition and feelings of failure. He complained of fatigue, tearfulness, feeling tense, upset, frightened and often nervous. There was no suicidal or homicidal ideation or perceptual disturbances. On examination, the IW presented as discouraged, frustrated and initially irascible. He became more relaxed as the interview progressed. He was emotionally labile, restless, agitated at times, sometimes animated, with changing energy levels. His Beck Depression Inventory score was 38 and Anxiety Inventory score was 35. A request was made for individual outpatient psychotherapy for 16 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy for 16 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 116, Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. 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 medical records, the injured worker completed an initial psychological evaluation with ██████████ in March 2012 and began receiving follow-up psychotherapy shortly thereafter. It appears that the injured worker received ongoing psychological services until approximately September or October 2014. At that time, services were no longer authorized and the injured worker spent approximately 6 months without any therapy. He resumed psychotherapy with ██████████ in 2015 for an unknown number of sessions. He also completed an agreed medical reevaluation with AME, ██████████. In her March 2015 report, ██████████ recommended an additional 15-20 psychotherapy session with ██████████ in order to ensure stabilization. Despite ██████████ recommendation, there are limited records included for review from ██████████ regarding past treatment. It is unclear as to the number of completed sessions to date nor the improvements that have been made as a result of the services. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." It further recommends that in "cases of severe Major Depression or PTSD, up to 50 sessions is progress is being made." Additionally, the ODG suggests "the provider should evaluate symptoms improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate." Due to the lack of supporting documentation and the fact that the injured worker has already received a significant amount of therapy in the past, the request for an additional 16 sessions is excessive and not medically necessary.