

<b>Case Number:</b>	CM15-0123114		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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 36-year-old male with an industrial injury dated 05/13/2014. The injured worker's diagnoses include depressive disorder not otherwise specified and anxiety disorder not otherwise specified. Treatment consisted of diagnostic testing, psychologist consultation and periodic follow up visits. In a progress note dated 05/05/2015, the injured worker reported minimal slight difficulties with concentration, slight distractibility, minimal forgetfulness, moderate sleep disturbance, slight depression, mood swings, chronic fatigue, and right hand pain. The treating physician reported that further analysis provided by the injured worker, and his response to psychological questionnaires revealed no known serious psychological factors. However, the treating physician reported that the injured worker's response to traditional medical treatment and return to functional activity were likely to be reduced by both depression and anxiety. The treating physician treatment plan consisted of cognitive behavioral psychotherapy. The treating physician prescribed services for ten sessions of individual psychotherapy now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 sessions of individual psychotherapy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Behavioral interventions Page(s): 101-102; 23-24.

**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 [REDACTED] on 5/5/15. In his evaluation report, [REDACTED] presented relevant and appropriate information to substantiate the need for further treatment. He recommended follow-up psychotherapy for which the request under review is based. For the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given this guideline, the request for an initial 10 psychotherapy sessions is reasonable and therefore, the request is medically necessary.