

<b>Case Number:</b>	CM15-0129756		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 43-year-old male, who sustained an industrial injury on June 28, 2013. The injured worker reported fall from a ladder resulting in back and left leg injury. The injured worker was diagnosed as having depressive disorder. Treatment to date has included x-rays, Transcutaneous Electrical Nerve Stimulation (TENS) unit, chiropractic therapy, physical therapy, acupuncture and medication. A psychological evaluation dated May 27, 2015 provides the injured worker's affect to be slightly flat but generally appropriate with an appearance of sadness. The injured worker reports he has had fearfulness his entire life with depression. He temporarily used anti-depressant medication approximately 25 years ago. The impression is, "in spite of his pre-existing emotional problems, there has certainly been an aggravation of his emotional difficulties due to his orthopedic injuries suffered during the course of employment. The plan includes individual psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy x 10 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker developed psychiatric symptoms of depression secondary to his work-related orthopedic injuries. He completed an initial psychological evaluation with [REDACTED] on 5/27/15. In her subsequent report, [REDACTED] diagnosed the injured worker with a depressive disorder and recommended 10 follow-up psychotherapy sessions, for which the request under review is based. In 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 visits is reasonable and within the recommended number of visits. As a result, the request for an initial 10 psychotherapy sessions is medically necessary.