

<b>Case Number:</b>	CM15-0076993		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	10/04/1995
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 49 year old male, who sustained an industrial injury on 10/4/95. The injured worker has complaints of anxiety that it has increased as he feels the future of his "future medical" denials of treatment have exacerbated symptoms of anxiety of depression feeling stress and social withdrawal persists. The diagnoses have included major depressive disorder, single episode, moderate; psychological factors affecting medical condition and cognitive impairment, not otherwise specified. Treatment to date has included medications; individual psychological therapy and psychological testing. The request was for psychotherapy 1 time a week for 6 weeks (dates of services 12/1/14-12/31/14).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 1 Time A Week for 6 Weeks (DOS 12/01/14 - 12/31/14):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Chapter: Stress and Mental illness Topic: Cognitive therapy for depression.

**Decision rationale:** ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and 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." The injured worker has been diagnosed with Major Depressive Disorder, single episode, moderate and has participated in ten psychotherapy sessions so far. It has been indicated that the injured worker has had some improvement with the treatment thus far although still continues to be feel depressed and anxious. The request for psychotherapy 1 time a week for 6 weeks (DOS 12/01/14 - 12/31/14) is medically necessary for treatment of depression with psychotherapy.