

<b>Case Number:</b>	CM15-0097131		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	04/11/2000
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 62 year old female injured worker suffered an industrial injury on 04/11/2000. The diagnoses included severe major depressive disorder and panic disorder. The injured worker had been treated with psychotherapy and medications. On the treating provider report, she had completed 44 of 49 sessions and demonstrated functional progress with goals and coping skills. She was showing progress in use of affirmations and progressive muscle relaxation. The treatment plan included psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy treatment; one (1) session per week for twenty (20) weeks:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive therapy for depression.

**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 has been receiving psychotherapy services for a total of 44 of 49 authorized psychotherapy sessions. Although the March 2015 PR-2 report indicated that the injured worker had made progress with regard to coping skill utilization, the request for an additional 20 sessions is excessive and does not correspond to the ODG recommendations. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." It further states, "The provider should evaluate symptom improvement during the process, so treatment failures can be identified and alternative treatment strategies be pursued if appropriate." Lastly, the ODG suggests that "in cases of severe Major Depressive Disorder or PTSD, up to 50 sessions if progress is being made." The request for an additional 20 sessions will place the number of completed sessions far beyond the recommended total of 50. As a result, the request for individual psychotherapy treatment (one session per week for 20 weeks) is not medically necessary.