

<b>Case Number:</b>	CM15-0099298		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	11/15/2002
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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

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 44 year old male who sustained an industrial injury on November 15, 2002. He has reported migraines and has been diagnosed with backaches unspecified, cervicgia, depression, left knee pain, and migraine variant, intractable. Treatment has included physical therapy and medications. Physical examination noted he walked with a limp. There was extra effort with putting on clothing. The treatment request included psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy QTY 24:** 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) Treatment in Workers Compensation Guidelines, 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 from [REDACTED], for an unknown number of sessions. The most recent psychological record included for review is a letter from [REDACTED], dated 3/2/15. In the re-authorization request letter, [REDACTED] indicates that the injured worker has been making some progress as a result of treatment. However, there is no indication of the number of completed sessions to date. According to the UR determination letter, the injured worker began treatment in September 2014 however, without any documentation from [REDACTED]. [REDACTED], this cannot be confirmed. Additionally, the request for an additional 24 sessions is excessive. For the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Only in "cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Without more information about prior treatment, the need for additional treatment, especially another 24 sessions, cannot be fully determined. As a result, the request for an additional 24 psychotherapy sessions is not medically necessary. It is noted that the injured worker did receive a modified authorization for an additional 4 sessions in response to this request.