

<b>Case Number:</b>	CM13-0008940		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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. The expert reviewer is Board Certified in Psychiatry, and is licensed to practice in Illinois and Wisconsin. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 68 year old [REDACTED] male who was injured in December of 2011. He apparently had been pulled from his truck and beaten in the course of an altercation. The patient has been in psychiatric treatment with a diagnosis of Major Depressive Disorder and has been on Remeron and amitriptyline. Details of his past psychiatric treatment are not clear. Coverage for CBT and a psychologist evaluation has been requested and denied. This is an independent review for medical necessity for 12 weekly CBT sessions and 1 psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL THERAPY, ONCE PER WEEK FOR TWELVE WEEKS:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions-Cognitive Behavioral Therapy (Cbt) Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2-Pain Interventions And Treatments Page(s): 23.

**Decision rationale:** The clinical information received indicates no real change in the patient's status despite having been in treatment and the most recent GAF score reported in April of this year is 68, indicating minimal dysfunction. Hence there is no apparent indication for CBT for

the patient's psychiatric condition. The Chronic Pain Medical Treatment Guidelines do indicate CBT for chronic pain but limit treatment to three to four sessions over two weeks with an additional six to ten sessions with improvement. There is no indication that the patient has improved and the request for twelve sessions is outside of this parameter. The request for cognitive behavioral therapy, once per week for twelve weeks, is not medically necessary or appropriate.

**PSYCHOLOGIST EVALUATION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** The above guidelines indicate that "Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities". As noted above the patient's GAF score does not indicate presence of significant psychopathology and there is no indication of current serious active medical comorbidity. No further clinical rationale was offered for the request for a psychological evaluation and the patient has already undergone such an evaluation and treatment. The request for a psychologist evaluation is not medically necessary or appropriate.