

<b>Case Number:</b>	CM13-0021235		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	05/30/2001
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Psychology and is licensed to practice in Texas. 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 injured worker is a 60-year-old male who reported an injury on 05/30/2001. The mechanism of injury was not provided. The current diagnoses include major depression, posttraumatic stress disorder, and psychological factor affecting medical condition. The injured worker was evaluated on 05/03/2013. The injured worker reported anger, anxiety, depression, diminished energy, exaggerated startle response, impaired concentration, impaired memory, irritability, low self esteem, sleep disturbance, social withdrawal, chronic pain, diabetes, gastrointestinal distress, headaches, hypertension, musculoskeletal pain, and palpitations. Objective findings revealed anger, anxiousness, confusion, depression, impaired concentration, and impaired memory. The treatment recommendations included ongoing psychotherapy. A request for authorization for medical treatment was then submitted on 05/03/2013 for cognitive behavioral psychotherapy, once per week for 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIOR PSYCHOTHERAPY, ONE (1) TIME A WEEK FOR TWO (2) MONTHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the documentation submitted, it was noted by the provider on 05/03/2013 that the injured worker continues to benefit from psychotherapy. However, the injured worker continues to report multiple emotional complaints as well as anxiety attacks. Objective findings continue to reveal anger, anxiousness, depression, and impaired concentration and memory. Satisfactory response to psychotherapy has not been indicated. Additionally, the current request for cognitive behavioral psychotherapy once per week for a duration of 2 months greatly exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.