

<b>Case Number:</b>	CM13-0028983		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	06/26/2007
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology and is licensed to practice in California. 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 physician 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 reported a date of injury of 6/26/07. According to medical reports, the patient sustained an injury to his head. He was injured when a dishwasher fell from an overloaded truck and hit him in the head. According reports submitted by [REDACTED], the claimant is diagnosed with Major Depressive Disorder, recurrent, severe. He is taking Depakote, Lunesta, Abilify, and Xanax to manage his psychiatric symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**cognitive behavioral therapy 1 x week x 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**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.

**Decision rationale:** The Official Disability Guidelines will be used as reference in this case as the CA MTUS does not address the use of psychological interventions for the treatment of depression. The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual

sessions)" may be needed. Based on a review of the medical records, it appears that the patient has received psychotherapy services from [REDACTED], since sometime in 2012. In the psychological update reports from February through April 2013, there appears to be a total of 10 sessions completed. The total number of sessions completed in 2012 is unknown. Based on this information, the patient has received at least 10 CBT sessions. The request for "cognitive behavioral therapy 1x week x12 weeks" exceeds the total number of sessions as recommended by the ODG. As a result, the request for "cognitive behavioral therapy 1 x week x 12 weeks" is not medically necessary.