

<b>Case Number:</b>	CM13-0029834		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	11/26/2002
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for ankle pain, foot pain, depression, low back pain, and ankle arthritis reportedly associated with an industrial injury of November 26, 2002. Thus far, the patient has been treated with the following: Analgesic medications; psychotropic medications; transfer of care to and from various providers in various specialties; attorney representation; unspecified amounts of psychological counseling over the life of the claim; and unspecified amounts of cognitive behavioral therapy over the life of the claim. In a utilization review report of September 23, 2013, the claims administrator partially certified a request for eight sessions of psychotherapy as four sessions of psychotherapy. The patient's attorney later appealed. An earlier note of August 15, 2013 is notable for comments that the patient has issues with fear, anxiety, depression, low back pain, sexual dysfunction, stress, and anger. The applicant feels anxious, depressed, and worried about his ability to care for himself. Additional cognitive behavioral psychotherapy is sought. On September 12, 2013, the claims administrator seeks additional psychotherapy, noting that the applicant has exhausted previously certified treatments. On August 1, 2013, the patient's psychiatrist furnished him with prescriptions for Wellbutrin, Cialis, and Ambien. Follow up visits for psychotropic medication management were made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual cognitive behavioral psychotherapy twice a month for four months:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**Decision rationale:** The MTUS does not establish a specific frequency or number of follow-up visits for mental health issues. However, the MTUS-adopted ACOEM Guidelines in chapter 15 do state that cognitive behavioral therapy can be problem focused and can be beneficial, although studies evaluating efficacy have not been done. The MTUS-adopted ACOEM Guidelines in chapter 15 further notes that those patients who are off of work do need more frequent follow-up visits than applicants who are working. In this case, it does not appear that the applicant has failed to return to work owing to long-standing mental health issues. More frequent follow-up visits may be indicated here. Accordingly, the request is certified as written.