

<b>Case Number:</b>	CM13-0029895		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/22/2010
<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 Psychiatry & Neurology, has a subspecialty in Geropsychiatry, Addiction 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:

This is a 50 year old male employed as a truck driver who sustained a CT injury to the right elbow when shifting gears and securing loads. The date of the original injury was 08/04/2010. He underwent right lateral epicondylar debridement, partial epicondylectomy with nerve block followed by physical therapy. He became depressed and despondent upon finding out that surgery failed and that there was little hope for recovery. He developed depression and panic disorder, becoming fearful of having to have more surgical procedures. The patient was diagnosed with major depressive disorder single episode, moderate, and panic disorder with psychological factors and general medical condition. He has been receiving cognitive behavioral therapy since mid-2012 which has been beneficial in decreasing the intensity of his panic attacks. The patient is last described in November 2013 as mildly depressed. Records indicate that he was tried on and failed Lexapro, Cymbalta, Vibryd, and Pristiq. Current medications include Paxil 30mg and lorazepam 0.5mg BID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 8 Sessions of Psychiatric Treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Cognitive-Behavioral Therapy (CBT).

**Decision rationale:** This patient has been receiving cognitive behavioral therapy since mid-2012. He has received greater than 20 sessions to date. There is evidence that his level of depression has improved however from the data provided it is not possible to delineate the effects of medication vs those of the cognitive therapy in this regard. According to CA MTUS guidelines after evidence of functional improvement, a generally accepted number of sessions would be 6-10 over 5-6 weeks. The patient has now exceeded that number and has shown significant improvement. There is no evidence that further treatment will result in markedly enhanced effects. The request for continuing psychotherapy is not approved