

<b>Case Number:</b>	CM13-0035041		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/11/2009
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer . He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Clinical Psychology with an emphasis on Health Psychology and pain management 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 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:

This patient is a 53 year old female who was injured on March 1, 2009 when she was hit by a [REDACTED] car as it was coming out of a parking garage, she was noted to be unresponsive at the time immediately following the accident but became response again during the ambulance ride to the hospital. She is Chinese-speaking and presents to her medical and therapeutic appointments with an interpreter. She was diagnosed with head, neck, shoulder and back trauma. Treatments to date have included physical therapy, acupuncture, electrical stimulation, chiropractic, MRI of the head and other conservative treatments. She was diagnosed with Major Depressive Disorder, First episode, moderate severity. She has been treated with the following psychiatric medications: Seroquel 25 mg, Trazadone 50 mg, Topamax, Doxepin and Lexapro 20mg and was followed once a month by a psychiatrist. After several months all of the psychiatric medications were discontinued excluding the Doxepin for sleep/insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy 6 visits (1 x 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

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

**Decision rationale:** The 400+ page medical file reviewed for this IMR contains insufficient information regarding her current psychological symptoms to support a decision of medical necessity. There is a note about the requested sessions to "continue cognitive behavioral therapy but no notes or any reference to whether or not she has had any at all to date; and if so what was the objective functional improvements gained so far from it if there was in fact any. There are recurring progress notes from her psychiatrist of "significant improvement in her depression, anxiety, sleep and appetite." There is no mention of any current psychiatric symptomology and it is unclear what symptoms the cognitive behavioral therapy would be addressing, what her baseline level of objective functional capacity is, what the treatment goals are and expected timeframe for achieving them. While this patient may be a good candidate for cognitive behavioral therapy, there needs to be specific and detailed information to support such a course of treatment. The ODG supports up to 20 sessions of cognitive behavioral therapy for stress, pain and depression with documented functional improvement. In this situation the sessions are non-certifiable in light of this lack of documentation.