

<b>Case Number:</b>	CM13-0036580		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/04/2004
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 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:

The claimant is either a 63 or 65 year-old male [REDACTED] - depending on which report is accurate) with a date of injury of 2/4/04. The claimant sustained injury while working for Kaiser. The mechanism of injury nor the injured body part(s) is not very clear within the records. It is reported that the claimant developed psychiatric symptoms of depression and anxiety secondary to his pain condition. In his 7/6/13 PR-2 report, [REDACTED] diagnosed the claimant with: (1) Major depression, single episode, moderate, non-psychotic, in partial remission; (2) Pain disorder due to both psychological factors and a general medical condition; and (3) Multiple psychoactive substance dependence in remission since 1985. This diagnosis was further supported by therapist, [REDACTED], in her 6/28/13 PR-2 report. The claimant received both psychological and psychiatric medication management services as treatment for 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 TIME PER WEEK FOR 24 WEEKS/24 SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS-COGNITIVE BEHAVIORAL THERAPY (CBT).

**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 Other Medical Treatment Guideline or Medical Evidence:APA PRACTICE GUIDELINE FOR THE Treatment of Patients With Major Depressive Disorder Third Edition (2010)

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression as well as the AP Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the limited medical records submitted for review, the claimant has been treating with [REDACTED] and his colleagues for several years. It appears that the claimant has participated in both group and individual therapy as well as received psychotropic medication management services. The last psychotherapy note is dated 6/28/13 and it is noted that the claimant had been benefitting from therapy. However, it is unclear from the records as to how many sessions have been completed to date and no clear objective functional improvements have been indicated. Additionally, the claimant appears to be in the maintenance phase of treatment thereby, he should be receiving minimal services that serve as maintenance. The request for an additional 24 weekly sessions appears excessive and does not correlate to maintenance phase treatment. As a result, the request for "Cognitive Behavioral Therapy 1 time per week for 24 weeks/24 sessions" is not medically necessary.