

<b>Case Number:</b>	CM13-0039002		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/26/2003
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Texas. 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 54-year-old female who reported a work-related injury on 06/26/2003, due to cumulative trauma. This patient presents for treatment of the following diagnoses, depression, lumbar HNP L4-5 status post fusion and cervical strain. The clinical note dated 07/29/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient continues to struggle with feelings of tremendous loss of motivation and drive. The provider documents the patient's Beck Depression Inventory revealed a score of fifty. Beck Anxiety Inventory testing revealed a score of twenty five. The provider documented the patient presented appearing agitated, angry, anxious, tearful, confused, depressed, impaired concentration, memory impairment, and obvious physical discomfort with emotional vulnerability. The provider documented the patient utilizes Cymbalta 30 mg two by mouth every morning and one by mouth at bedtime, Provigil 100 mg one by mouth daily, Lunesta 3 mg one by mouth at bedtime, and intermezzo 3.5 mg one by mouth at bedtime as needed. The clinical documentation stated 09/09/2013 reports the patient again was seen under the care of [REDACTED] who documents the patient continues to struggle with depression marked by social withdrawal, anhedonia and anxiety. The provider documents the patient's treatment plan is oriented towards increasing her level of adaptive functioning and coping skills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twenty four Cognitive Behavioral Psychotherapy sessions between 9/13/2013 and 3/12/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines page and Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to provide evidence to support the patient need to utilize continued individual psychotherapy treatment. The clinical notes document agreed medical evaluation and the specialty of psychiatry with psychiatric testing performed under the care of [REDACTED]. The provider documents the patient has received multiple psychotherapy interventions over the course of the past ten years since status post her work-related injury sustained in 2003. The patient's most recent course of treatment reveals just two to three clinical notes by treating psychiatrist [REDACTED] who documents the patient continues to struggle with severe depression, social withdrawal, agitation, and anxiety. California Medical Treatment Utilization Schedule (MTUS) indicates a trial of three to four psychotherapy visits over two weeks with evidence of objective functional improvement a total of up to six to ten visits over five to six weeks. The patient has utilized psychotherapy interventions multiples times over the past ten years status post a work-related injury. The clinical documentation submitted fails to evidence significant objective functional improvement as a result of these interventions for the patient's depression and references of anxiety. Given all of the above, the request for twenty four cognitive behavioral psychotherapy sessions between 09/13/2013 and 03/12/2014 is not medically necessary or appropriate.