

<b>Case Number:</b>	CM13-0043417		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/19/2005
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Psychiatry 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:

According to the records made available for review, this is a 52-year-old female with a 3/19/05 date of injury. At the time (9/17/13) of the request for authorization for cognitive behavioral therapy 1 times a week times 12 weeks, there is documentation of subjective (chronic pain and functional limitations) and objective (irritability and apathetic withdrawal) findings, current diagnoses (posttraumatic stress disorder, depressive disorder NOS, and psychosocial environmental problems), and treatment to date (psychotherapy). The number of psychotherapy sessions completed to date cannot be determined. In addition, there is no documentation of evidence of objective functional improvement with previous sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COGNITIVE BEHAVIORAL THERAPY 1 TIMES A WEEK TIMES 12 WEEKS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of posttraumatic stress disorder, depressive disorder NOS, and psychosocial environmental problems. In addition, there is documentation of treatment with psychotherapy. However, there is no documentation of the number of psychotherapy sessions completed to date. In addition, there is no documentation of evidence of objective functional improvement with previous sessions. Furthermore, the requested cognitive behavioral therapy 1 times a week times 12 weeks exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for cognitive behavioral therapy 1 times a week times 12 weeks is not medically necessary.