

<b>Case Number:</b>	CM13-0049578		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/15/2007
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 licensed 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 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 patient is a 55-year-old male patient who reported an injury on 06/15/2007. Mechanism of injury information was not provided in the medical record. Review of the medical record reveals the patient's diagnoses include major depressive disorder, recurrent, vertigo, headaches, post-concussion syndrome, and related caloric paresis after trauma. The most recent clinical note would be the psychiatric progress note dated 12/11/2013. There is no significant amount of change seen in the patient's mental status. He seems to be doing better, relatively stable. The patient's current medication regimen included Klonopin 0.5 mg as needed for anxiety and panic attacks twice a day as needed, Oleptro 150 mg at bedtime, Edluar 10 mg at bedtime, Latuda 40 mg at bedtime, Neurontin 100 mg 3 times a day, and attempts were going to be made to decrease the amount of Klonopin the patient was taking and it would be replaced with a non-habit forming drug like Vistaril. It is stated that the patient's current medication regimen seemed to barely be helping him to function in a day to day activity. It is noted that the patient is having memory difficulties, and feels very depressed at times and anxious.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy 1x12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, and Stress, Cognitive therapy for depression.

**Decision rationale:** California MTUS/ACOEM does not address the use of cognitive behavioral therapy to treat depression; however, it does address the use of cognitive behavioral therapy for treatment with chronic pain. Per Official Disability Guidelines, cognitive therapy for depression is recommended. However, per ODG, psychotherapy guidelines are an initial trial of 6 visits over 3 weeks to 6 weeks. If there is evidence of symptom improvement, then there can be a total of up to 13 visits to 20 visits over 7 weeks' to 20 weeks' time. The requested service is for cognitive behavioral therapy 1x12, which exceeds that which is recommended by Official Disability Guidelines due to the fact that there is no documentation provided in the medical record that the patient has previously participated in 6 cognitive behavioral therapy treatments over 3 weeks to 6 weeks with evidence of symptom improvement documented. As such, the request for cognitive behavioral therapy 1x12 is non-certified.