

<b>Case Number:</b>	CM13-0050106		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/25/2008
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2013

### 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 physician 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 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 patient is a 43-year-old male who reported a work related injury on 04/25/2008, as a result of strain to the lumbar spine. The patient's medication regimen was noted to include ranitidine, tramadol, Tylenol with codeine, Docusil, trazodone, citalopram 20 mg, Soma, lorazepam, omeprazole, Floranex, and Citrucel. The patient presents for treatment of the following diagnoses: headaches, episodic dizziness, visual disturbance including diplopia, sleep disturbance, sexual dysfunction, depression, cervicalgia, cervical pain with radiation into the arm, right rib pain, subjective numbness and tingling of the right hand with weakness, and nonphysiologic visual disturbance. The treating psychologist note dated 06/03/2013 reports since an 11/02/2012 initial evaluation under the care of [REDACTED], the patient has been provided with conservative outpatient mental health treatment that has combined 4 sessions of individual cognitive behavioral psychotherapy, 18 sessions of group cognitive behavioral psychotherapy, and psychiatric medications to include Celexa, trazodone, and Ativan. The provider documented the patient would require continuing and future access to both supportive cognitive behavioral psychotherapy and psychiatric medications, and medication monitoring on an industrial basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Cognitive Behavioral Therapy sessions is not medically necessary: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review lacks evidence of the patient reporting positive efficacy with a decrease in his depression and anxiety complaints, status post initiation of individual psychotherapy as well as group psychotherapy for his symptomatology. The current request for an additional 12 sessions of cognitive behavioral therapy/individual psychotherapy is excessive in nature. California MTUS indicates with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks is supported. However, given all the above and the lack of documentation of the patient's recent psychological/mental health picture, the request for 12 cognitive behavioral therapy sessions is not medically necessary or appropriate