

<b>Case Number:</b>	CM13-0069069		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/28/1996
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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 files provided for this independent medical review, this patient is a 60 year old male who reported a work-related industrial/occupational injury on October 28th 1996. At that time he was performing his regular work duties as an insulation installer when he fell off a ladder and landed hard on his left side, he was not able to stand up and required immediate hospitalization. Soon after he had a surgical intervention that did not resolve his pain and in the subsequent years he has had multiple surgical interventions sometimes having the reverse previous ones. He was unable to walk due to bone fractures. He has had difficulties and serious side effects from medications. His left hip has been an area of great pain and physical difficulties and eventually needed to be replaced. He is struggling with emotional difficulties of depression and anxiety, he is diagnosed with Parkinson's disease and having other neurological problems such a slow to slurred speech awkward shuffling gait and depressed mood with blunted affect, anxiety, and mild impairment of cognitive functioning. He has had serious cardiovascular problems. A request for twelve cognitive behavioral psychotherapy sessions was modified to 4 sessions of cognitive behavioral psychotherapy sessions to occur between 11/15/2013 to 10/2014. This independent medical review will address a request to overturn the decision to deny 12 sessions of CBT and offer a modification of 4 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) COGNITIVE BEHAVIORAL THERAPY PSYCHOTHERAPY SESSIONS:** Overturned

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

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

**Decision rationale:** The California MTUS guidelines state that an initial block of 3-4 sessions of cognitive behavioral therapy can be offered and if the patient shows objective functional improvements (which needs to be documented) then additional sessions up to 10 can be provided. The Official Disability Guidelines for psychotherapy can be more generous but also require an initial assessment period before more sessions are offered. In 2001 he initiated a course of individual psychotherapy consisting of individual therapy, biofeedback and psychotropic medications; he continued this treatment until September 2003 when he stopped with improved psychological status he started again in November 2005 after decompensating emotionally, it was not clear how long this course lasted, but he again resumed psychotherapy in 2008. His diagnosis in 2013 was changed to Major Depressive Disorder, now severe, secondary to industrial musculoskeletal injuries. The rationale for overturning the decision to deny treatment is that he has had periodic courses of psychotherapy already during the past decade and although it is unclear how many sessions he's already had, and this information is vitally important however, he has in the past benefited greatly from psychotherapy at this time he currently is in need once again. Although the standard treatment guidelines do suggest an initial course of treatment to test and assess functional response to treatment, however his response in the past shows he is a positive responder and is likely to be so again. Given the severity of his injuries and resulting psychological injury, he should be offered a full course of sessions and that the initial block of 3 to 4 in this case would not be necessary. However, any continued therapy sessions after the initial block of 12 must be accompanied by a clear documentation of the functional improvements, if any, that were derived from this initial block as well as an exact count of the sessions he has had in this current treatment.