

<b>Case Number:</b>	CM13-0069767		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 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 injured worker reported an injury on 09/14/2012 secondary to a fall. Current diagnoses include cognitive disorder and mood disorder. The injured worker was evaluated on 09/05/2013. The injured worker reported persistent back, shoulder, jaw, and left leg pain. The injured worker also reported deficits in concentration, comprehension, and short term memory. The injured worker has participated in 5 supportive psychological treatments. Objective findings included a depressed mood and affect. The injured worker scored a 25 on the Beck Depression Inventory, indicating moderate depression. The injured worker has previously scored a 25 on the Beck Anxiety Inventory on 08/22/2013, indicating moderate anxiety. Treatment recommendations at that time included an additional 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX SESSIONS OF COGNITIVE BEHAVIORAL THERAPY:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state cognitive behavioral therapy is recommended. California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. The injured worker has participated in 5 sessions of cognitive behavioral therapy. An additional 6 sessions would exceed guideline recommendations. Therefore, the request is not medically necessary and appropriate.