

<b>Case Number:</b>	CM14-0003256		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 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:

This is a 47-year-old male with a 1/22/07 date of injury. He sustained an injury when a wheel fell off the forklift that he was operating. The patient is status post cervical fusion, disc replacement with hardware, left shoulder surgery, ulnar nerve decompression and major depressive disorder. An office visit note from 11/25/13 indicates that the patient is anxious and depressed, with pain being a major stressor. The treatments to date include medication management, psychotherapy x 21 sessions since January of 2013. UR decision dated 1/1/14 denied the request given the fact that the patient has already had 21 psychotherapy sessions. The notes from the previous psychotherapy sessions documenting significant functional improvement were not provided for review, nor were there a detailed psychological and behavioral evaluation in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TEN (10) COGNITIVE BEHAVIORAL VISITS OVER TEN (10) WEEKS FOR DEPRESSION AND PAIN: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Edition, Chapter: Mental Illness & Stress, Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Behavioral Interventions Page(s): 19-23.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, California MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. This patient is a 47-year-old male with a 2007 date of injury. He is documented to have had 21 psychotherapy sessions since January of 2013. It is unclear how many psychotherapy sessions he has had, in total, since his 2007 date of injury. He has far exceeded any guideline recommendations in regards to the quantity of sessions he has attended, in one year alone. There is no clear documentation of any significant functional improvement gained, since the patient is still experiencing depression, anxiety, and is irritable and angry. Guidelines only recommend up to 10 total sessions of psychotherapy. An additional 10 sessions of psychotherapy will add up to 31 sessions for 1 year, which is excessive, and it is unclear what these additional 10 sessions will add in the management of this patient. The request, as submitted, is not medically necessary.