

<b>Case Number:</b>	CM14-0004231		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/12/2013
<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 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 injured worker is a 53 year old female with a reported date of injury on 03/18/2011; the mechanism of injury was not provided. The progress report dated 11/26/2013 noted that the injured worker had presented in a depressed and tearful manner and was experiencing a sense of loss and anger from losing her employment. It was also noted that the injured worker had been able to manage her mood experiences through spending time with family and has been able to maintain her activities of daily living and felt increased hope. The clinical note also noted that since starting cognitive behavioral therapy the injured worker has increased her tolerance for work functions and activates of daily living, increased strength and endurance, and depression and anxiety have decreased. The request for authorization form was not provided in the available documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL 6 SESSIONS OF COGNITIVE BEHAVIORAL THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

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

**Decision rationale:** The request for an additional 6 sessions of cognitive behavioral therapy is not medically necessary. It was noted that the injured worker had presented in a depressed and tearful manner and was experiencing a sense of loss and anger from losing her employment. It was also noted that the injured worker had been able to manage her mood experiences through spending time with family and has been able to maintain her activities of daily living and felt increased hope. The clinical note also noted that since starting cognitive behavioral therapy the injured worker has increased her tolerance for work functions and activities of daily living, increased strength and endurance, and depression and anxiety have decreased. The California MTUS guidelines state that cognitive behavioral therapy is recommended if a lack of progress is achieved after 4 weeks of physical medicine use. It is recommended that an initial trial of 3-4 psychotherapy visits are attempted over 2 weeks. If there is evidence of objective functional improvement a total of 10 visits over 6 weeks is recommended. Although it was noted that the injured worker had benefited from the prior sessions there is a lack of quantifiable objective findings in the documentation. As such this request is not medically necessary.