

<b>Case Number:</b>	CM14-0009322		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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 58-year-old female who reported an injury due to a trip and fall while carrying a piece of equipment on 5/28/2013. In a psychiatric evaluation on 12/02/2013, her diagnoses included: depressive disorder, not otherwise specified; psychological factors affecting medical disorder; chronic pain disorder; compulsive personality traits; status post injury to the left knee; left knee strain; left ankle strain; recurrent left hip and low back pain; left medial meniscus tear; partial discoid internal meniscus with mild degenerative changes with small effusion; psychosocial stressors, moderate to severe; problems with living situation; primary support system; and chronic pain. The evaluation noted that she was becoming increasingly more depressed, isolated and withdrawn because she was not able to do the things she had previously been able to do. She was not sleeping well, waking up with nightmares and bad dreams. Her pain awakened her during the night. She was having spontaneous crying spells, morbid thoughts and feelings of helplessness and hopelessness but denied any suicidal ideation. She was started on Viibryd 10 mg and Fanapt 2 mg with Trazodone 2 mg at bedtime. The rationale for the ongoing therapy request was that she needed ongoing psychiatric care and treatment to alleviate the effects of her industrial injury. The recommendation was for 12 visits for medication management and 12 visits for cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF CONGNITIVE BEHAVIORAL THERAPY:** Overturned

**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 Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy for depression.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend psychological treatment for appropriately identified patients with chronic pain. Psychological treatment incorporated into pain treatment has been found to have positive short term effects on pain interference and long term effect on return to work. The Official Disability Guidelines do recommend cognitive behavioral therapy for depression, stating that the effects may be longer lasting than therapy with antidepressants alone. Time frames included up to 13 to 20 visits over 7 to 20 weeks if progress is being made. This injured worker's diagnoses fall in the DSM IV category of depressive disorders. Psychosocial stressors are adversely impacting her life. The requested 12 sessions of cognitive behavioral therapy fall within the parameters of the guidelines. Therefore, this request is medically necessary.