

<b>Case Number:</b>	CM14-0104177		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/28/2006
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 as a Psychologist, 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 51-year-old male who reported an injury on 11/28/2006. The mechanism of injury was not provided. On 05/29/2014, the injured worker presented with increased anxiety, which causes him to overeat. Upon examination, the injured worker presented with a slightly brighter mood and maintained adequate eye contact. He had marked difficulty with memory and concentration and had a grimace throughout the session. In reaction to pain and discomfort, the diagnoses were posttraumatic stress disorder and major depressive disorder, single episode. Prior therapy included cognitive behavioral therapy and medications. The provider requested cognitive behavioral therapy. The provider's rationale was not provided. The Request for Authorization form was dated 05/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Cognitive Behavioral Therapy 3 times per week for 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy Guidelines for chronic pain Page(s): 23.

**Decision rationale:** The request for individual cognitive behavioral therapy 3x a week for 3 months is non-certified. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An additional trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvement, a total of 6 to 10 visits over 5 to 6 weeks would be recommended. For complicated depression or PTSD, up to 50 sessions may be necessary. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate improvements in treatment thus far. In addition, the number of past sessions was not provided. Therefore, the objective improvement from past treatment cannot be determined. As such, the request is non-certified.