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| <b>Case Number:</b>   | CM14-0109652 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 06/01/2009 |
| <b>Decision Date:</b> | 10/24/2014   | <b>UR Denial Date:</b>       | 06/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/14/2014 |

### 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 Psychiatry, 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 63-year-old male with a 6/1/2009 date of injury. A specific mechanism of injury was not described. The 6/19/14 determination was modified to 4 psychotherapy visits to meet treatment guidelines and determine whether the proposed treatment will be successful. 6/3/14 follow-up report identified pain level of 6/10. It radiates to the neck, arm, and elbow. The patient had been experiencing depressive symptoms and states he felt irritated. He had lack of concentration while doing skilled work. He carries out day to day activities normally and do not complain of fatigue or lack of energy. 3/14/14 report was incomplete and signed by [REDACTED]. It stated that the patient's future medical care included psychotherapy to help deal with his limitations and pain. It was also noted that the patient would need both modalities of treatment, namely antidepressant medication by a well qualified psychiatrist, as well as psychotherapy to help deal with his losses and make plans for the future in light of his limitations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): Page 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy guidelines for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, psychological treatment Page(s): 19-20, 23.

**Decision rationale:** CA 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). Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. The patient had psychological symptoms of depression and irritability. There was also chronic pain. A short trial of psychotherapy was indicated to delineate improvement and update the goals for treatment, which was appropriately recommended at the time of the prior determination. However, in the context of this review and given inability to provide a modified certification, the requested number of sessions were not medically necessary at the time of request.