

<b>Case Number:</b>	CM14-0017172		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 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 58-year-old male who reported an injury on 08/13/2008. The mechanism of injury was not provided. Current diagnoses include major depressive disorder without psychotic features, status post cerebrovascular accident (CVA), hypertension, dyslipidemia, and chronic pain. The injured worker was evaluated on 02/13/2014. The injured worker reported improvement in sleep quality. The injured worker also reported feeling less anxious, less irritable, and less depressed. Mental status examination revealed less depressed and anxious mood, appropriate content, impaired attention and concentration, and poor memory. Treatment recommendations included authorization for 6 sessions of cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GROUP COGNITIVE BEHAVIORAL THERAPY:** Upheld

**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 MENTAL ILLNESS AND STRESS Page(s): 23.

**Decision rationale:** The California MTUS Guidelines utilizes the Official Disability Guidelines (ODG) on Cognitive Behavioral Therapy for chronic pain, which allow for an initial trial of 3 to

4 psychotherapy visits over 2 weeks. There is no quantity listed in the current request. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.