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| <b>Case Number:</b>   | CM14-0110770 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 04/19/2010 |
| <b>Decision Date:</b> | 09/03/2014   | <b>UR Denial Date:</b>       | 06/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/16/2014 |

### 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 Child & Adolescent 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:

The injured worker is a 56 year old female who was injured at work on April 19, 2000. She was born with a missing right hand and a missing right lower limb. The injured worker experienced stress at work from supervisors. The injured worker was reportedly asked to move heavy stacks of paper and ink cartridges, which was physically difficult for her to do. Symptoms of anxiety and depression developed, which included nightmares, fatigue, low energy, depressed mood, loss of interest, irritability, poor concentration, worrying, frequent headaches, and lightheadedness. In the January 9, 2014 qualified medical evaluation (QME) report, it was recommended that she undergo twenty psychotherapy sessions, with a combination of ten cognitive behavioral therapy (CBT) sessions and the remainder with Eye Movement Desensitization and Reprocessing (EMDR) treatments. As of the April 26, 2014 progress report, the injured worker attended six cognitive behavioral therapy (CBT) sessions. The injured worker was also prescribed Celexa and Trazodone by a psychiatrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional cognitive behavioral therapy sessions, quantity six.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
**Chronic Pain medical Treatment Guidelines:** Cognitive Behavior Therapy. Decision based on  
**Non-MTUS Citation Official Disability Guidelines:**Cognitive Behavior Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive behavioral therapy for depression.

**Decision rationale:** The ODG indicate that the provision of cognitive behavioral therapy (CBT) is beneficial in the treatment of individuals diagnosed with Major Depression. The recommendation is to begin with an initial trial of five to six sessions with additional sessions up to a maximum of twenty sessions over twenty weeks if there has been objective functional improvement. The injured worker is diagnosed with Dysthymic Disorder, which is a chronic depressive disorder. The injured worker has already received six CBT sessions. However, there is no documented objective functional improvement demonstrated following these 6 sessions. There is therefore no medical necessity for an additional 6 sessions, in the absence of this important clinical information.