

<b>Case Number:</b>	CM14-0120874		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/12/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 in Psychology 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 claimant is a 54 year-old male (██████████) with a dates of cumulative trauma injury ending 5/12/10. The claimant sustained injury to his back, legs, and feet, with symptoms resulting in hernia, headaches, insomnia, and nervousness. The claimant sustained these injuries while working as a mechanic for ██████████. In his 2/11/14 "Comprehensive Medical-Legal Evaluation", Dr. ██████████ diagnosed the claimant with: (1) Inguinal hernia, bilateral; (2) Orthopedic problems; and (3) Psychiatric problems. Additionally, in his PR-2 report dated 5/23/14, Dr. ██████████ diagnosed the claimant with: (1) Groin pain; (2) History of inguinal hernia surgery; (3) Major depression disorder, recurrent, moderate; and (4) History of surgery. Due to the claimant's development of psychiatric symptoms secondary to his work-related orthopedic injuries, the claimant has been receiving psychotropic medications and individual psychotherapy. In her "Doctor's First Report of Occupational Injury or Illness", dated 6/3/14, Dr. ██████████ diagnosed the claimant with: (1) Sprain/strain lumbar region; and (2) Degenerative lumbar/lumbosacral IV Disc. In her additional notes for the report, the claimant is diagnosed with Major depressive disorder, severe, recurrent, without psychotic features. This diagnosis is again endorsed in Dr. ██████████ most recent PR-2 report dated 7/1/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy x 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 107, 116.  
Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines.

**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 Chapter.

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant was authorized for 4 CBT sessions in the UR Notification letter dated 7/1/14 based on the original RFA from early June 2014. The claim under review is in response to the RFA dated at the end of June. It is noted that the claimant was approved for this request in the UR notification letter dated 7/29/14. As a result, the request for Cognitive behavioral therapy X6 is medically necessary.

**Cognitive rehab therapy x 24:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 107, 116.  
Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines.

**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 Chapter.

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant was authorized for 4 CBT sessions in the UR Notification letter dated 7/1/14 based on the original RFA from early June 2014. The claim under review is in response to the RFA dated at the end of June. It is noted that the claimant was approved for an additional 6 CBT sessions per the UR notification letter dated 7/29/14. As a result, the request for Cognitive rehab therapy X24 is not medically necessary.