

<b>Case Number:</b>	CM14-0137405		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/03/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 40 year-old male with a date of injury of 3/3/13. The claimant sustained injury to his head and back when he was accidentally hit in the head and back by a tub full of dishes being carried by a co-worker. This incident caused the claimant to fall to the ground. It is also reported within the medical records that the claimant sustained a prior head injury in January 2013 when a heavy stainless steel filter hit him in the head, causing him to lose consciousness. The claimant sustained these injuries while working as a sous chef. In his RFA dated 8/21/14, claimant was diagnosed with: (1) Depressive disorder NOS; (2) Anxiety disorder NOS; and (3) Postconcussional Syndrome. An additional diagnosis of Unspecified Personality Disorder was also found on the "Treating Physician's Determination of Medical Issues and Request for Authorization" attached to the RFA. The claimant has been receiving psychological services (both individual and group psychotherapy) as well as psychiatric/medication management services to treat his psychiatric symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavior therapy times 6:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and ODG Head 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 initially evaluated by in October 2013 and has been participating in both group and individual psychotherapy. In his 4/18/14 "Objection to Utilization Review Determination and Request for Reconsideration or Independent Medical Review" report, the provider indicated that the claimant had completed "ten sessions of industrial cognitive-behavioral psychotherapy and fifteen sessions of specialized group psychotherapy specifically aimed at recovery from disabling illness." Since April, it is unclear as to how many more sessions have been completed. According to the psychological progress note dated 8/21/14, the claimant remains symptomatic as his "mood is depressed, low energy...easily frustrated, poor memory, poor concentration, easily distracted." Given that the claimant is not only working on issues of depression and anxiety, but also working through some cognitive deficits, the request for an additional 6 sessions appears reasonable. As a result, the request for "cognitive behavior therapy x6" is medically necessary.

**Follow up visit with psychologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**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 a specific follow-up with a psychologist therefore, the Official Disability Guideline regarding office visits will be used as reference for this case. Based on the review of the medical records, the claimant was initially evaluated by in October 2013 and has been participating in both group and individual psychotherapy. In his 4/18/14 "Objection to Utilization Review Determination and Request for Reconsideration or Independent Medical Review" report, the provider indicated that the claimant had completed "ten sessions of industrial cognitive-behavioral psychotherapy and fifteen sessions of specialized group psychotherapy specifically aimed at recovery from disabling illness." Since April, it is unclear as to how many more sessions have been completed. According to the psychological progress note dated 8/21/14, the claimant remains symptomatic as his "mood is depressed, low energy...easily frustrated, poor memory, poor concentration, easily distracted." It appears reasonable that the claimant receive some continued psychotherapy however, the reason for a follow-up visit with the psychologist is unclear as there was not a sufficient rationale given for such service. As a result, the request for a "Follow up visit with psychologist" is not medically necessary.

