

<b>Case Number:</b>	CM14-0169867		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	10/28/2007
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Psychologist; and is licensed to practice in Utah. 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 57-year-old female with a 10/28/07 date of injury, when she sustained injuries in a motor vehicle accident. The patient was seen on 10/02/14 with complaints of difficulties accepting her chronic condition, high levels of anxiety and feeling overwhelmed. The most recent abrupt cessation of Lexapro had led to a sharp decline in the patient's mood, health and wellbeing and the patient's depression and anxiety increased. The progress note stated that despite the patient's psychiatric symptoms she increased her goal-directed behaviors, continued developing independent, proactive coping skills and that the patient's sleep improved. The diagnosis is depression, post-traumatic stress disorder, and chronic pain. Treatment to date: left shoulder rotator cuff repair (2008) and revision (2009), 24 sessions of PT, medications, acupuncture and psychotherapy. An adverse determination was received on 10/10/14 for lack of objective functional improvement made from the previous therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy 12 additional sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter: Cognitive Therapy

**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). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. The ODG Guidelines recommend up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made and up to 50 sessions in cases of severe Major Depression or PTSD, if progress is being made. However, given the patient's date of injury in 2007 it is not clear how many sessions of cognitive therapy were accomplished by the patient. Therefore, the request for Cognitive Behavioral Therapy 12 additional sessions was not medically necessary.