

<b>Case Number:</b>	CM14-0180539		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	11/10/2008
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 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 57 year-old male [REDACTED] with a date of injury of 11/10/08. The claimant sustained injury to his knee when he tried to prevent waste containers from falling while working as a [REDACTED]. In their "Visit Note" dated 9/5/14, Physician Assistant, [REDACTED], under the supervision of [REDACTED], diagnosed the claimant with: (1) Arthropathy not otherwise specified of lower leg; and (2) Lumbago. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In her "Behavioral and Psychological Evaluation" dated 7/10/14, [REDACTED] diagnosed the claimant with: (1) Moderate major depression, single episode; (2) Anxiety disorder, NOS; (3) Eating disorder, NOS; and (4) Pain disorder associated with both psychological factors and a general medical condition, chronic. The request under review is for initial psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Behavioral Therapy for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guideline for the use of behavioral interventions in the treatment of chronic pain as well as the Official Disability Guideline (ODG) regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since his injury in November 2008. He has also developed psychiatric symptoms secondary to his chronic pain. In her "Behavioral and Psychological Evaluation" dated 7/10/14, [REDACTED] recommended individual cognitive behavioral treatment, biofeedback, and a referral for a psychiatric consultation as the result of the claimant experiencing symptoms of both depression and anxiety. The request for 12 sessions is in response to her recommendation. However, the California MTUS recommends an "initial trial of 3-4 psychotherapy visits" in the treatment of chronic pain, while the ODG recommends an "initial trial of 6 visits over 6 weeks" for the cognitive treatment of depression. Based on both of these guidelines, the request for an initial 12 sessions is excessive and does not fall with the cited recommendations. As a result, the request for "12 sessions of Cognitive Behavioral Therapy" is not medically necessary.