

<b>Case Number:</b>	CM14-0020322		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/25/2008
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 43 year-old male (██████████) with a date of injury of 4/25/08. The claimant sustained musculoskeletal injuries to his right shoulder and back while moving a dolly up a ramp while working as a Duplicating Equipment Operator for Interstate Electronics Corporation. In his PR-2 report dated 2/3/14, ██████████ diagnosed the claimant with: (1) C/S, L/S: Tendinitis left shoulder; (2) Cephalgia: right rib cage, T/S, adhesive capsulitis right shoulder; and (3) GI pain and depression. The claimant has been treated via physical therapy, medications, injections, chiropractic, and an ESI to the cervical spine. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In a report dated 1/24/14, ██████████ diagnosed the claimant with Major Depressive Disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL THERAPY SESSIONS, #12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS.

**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 & Stress Chapter, Cognitive therapy for depression, as well as The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder.

**Decision rationale:** Based on the review of the medical records, the claimant has been receiving psychotherapy services from [REDACTED] since the initial evaluation dated 11/2/12. It is unclear from the brevity of records offered for review exactly how many sessions that the claimant has received and the progress made from those sessions. Although the ODG is more appropriate for acute injuries, the required information regarding number of sessions and objective functional improvement is helpful. The AMA indicates that for CBT and IPT, maintenance-phase treatments usually involve a decreased frequency of visits (e.g. once a month). Without knowing more information about the claimant's most recent sessions and the progress of those sessions, the need for further sessions cannot be fully determined. Also, the request for an additional 12 sessions appears excessive given the number of services already completed and the goals of maintenance therapy. As a result, the request for cognitive behavioral therapy is not medically necessary.