

<b>Case Number:</b>	CM14-0023308		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

Based on the records provided for this independent medical review, this patient is a 63-year-old male who has reported a work-related industrial/occupational injury on 2/17/2012. At that time the patient was engaged in his normal and usually customary work activities for [REDACTED] assisting in installing several pumps, he lost his balance, and fell approximately 13 to 16 feet into a concrete well. He's had major injuries that include facial fracture, neck, shoulder, and several other areas. He is s/p surgery to the face and shoulder has numbness in his hands. He has significant bilateral pain in his shoulder and wrists. Patient also presents significant psychological issues as a result of the work related injury he continues to have feelings of anxiety major depression and post-traumatic stress disorder. He struggles to cope with the injury and chronic pain and its impact on his life, he has significant anger, anxiety and depression. A request for 12 additional sessions of cognitive behavioral therapy was non-certified with a modification: allowing 3 sessions of CBT and not medically necessary the other 9 sessions. This independent medical review will address a request to overturn the non-certification for 12 sessions of CBT therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) ADDITIONAL SESSIONS OF COGNITIVE BEHAVIOR TREATMENT:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions, Cognitive behavioral therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Cognitive Behavioral therapy: Psychotherapy guidelines page 9, June 2014 update.

**Decision rationale:** The patient has had 12 sessions of cognitive behavioral therapy (CBT) to date and is showing good progress in the following areas: decreased irritability, frustration, hopelessness and increased understanding of his emotional responses to his physical limitations. The non-certification of 12 sessions of continued therapy that were requested was done using the MTUS guidelines which specifies that after an initial block of three to four sessions as a trial, additional sessions up to a maximum of 10 can be provided if there is functional improvement. Given the severity of this patient's medical condition in conjunction with his difficult psychiatric adjustment to what has occurred to him, and the fact that he is making progress in treatment, the ODG guidelines would apply here that are more specific with regards to long-term psychological care for chronic pain with overlay of major depression and PTSD. Specifically they allow for 13 to 20 visits of therapy and cases of severe depression or PTSD up to a maximum of 50 can be allowed. Based on my comprehensive review of this patient's medical chart I believe that the patient is having significant psychological symptoms and reasonable response to treatment that indicate medical necessity for these additional 12 sessions. Therefore the decision is to overturn the denial and accept the request for 12 additional sessions.