

<b>Case Number:</b>	CM14-0027149		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/21/2001
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Texas. 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 injured worker is a 54-year-old female who reported an injury on 12/21/2001 due to an unknown mechanism of injury. The injured worker complained of anxiety, depression and sleep disruption. She also had stress-intensified headaches; neck, shoulder and back tension; chest pain; palpitations; nausea and vomiting. On 01/09/2014, the psychological examination revealed that the injured worker developed persistent symptoms consistent with depression, lack of motivation, emptiness, apathy, diminished self-esteem, inadequacy and alienation. The injured worker had diagnoses of depressive disorder, panic disorder, and pain disorder. The past treatment included cognitive behavioral psychotherapy and biofeedback. With treatment, the injured worker has become less emotionally drawn and insecure. She has increased interest in daily activities, such as brushing her teeth, combing her hair, bathing regularly and working around the house. A list of the current medications for the injured worker was not provided. The current treatment plan is for cognitive behavioral psychotherapy (CBT) sessions for 13 sessions for the next 3 months or more on an as needed basis. The rationale was despite psychological improvement, the injured worker has still remained symptomatic with residuals requiring further treatment to address her continuing symptoms. The request for authorization form was dated 01/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIOR PSYCHOTHERAPY (CBT) SESSIONS, THIRTEEN (13) SESSIONS FOR THE NEXT THREE (3) MONTHS OR MORE ON AN AS NEEDED BASIS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The request for cognitive behavioral psychotherapy (CBT) sessions for 13 sessions for the next 3 months or more on an as needed basis is non-certified. The injured worker has a history of depressive disorder, anxiety and psychological factors. The CA MTUS Guidelines recommends for cognitive behavior therapy an initial trial of 3-4 psychotherapy visits over 2 weeks. Then with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions). The clinical documentation provides evidence that the injured worker had some functional improvement. However, the request for 13 additional sessions, combined with prior treatment, would exceed the guideline recommendations for the total duration of care. In addition, the request failed to include the frequency of care. Given the above, the request for cognitive behavioral psychotherapy (CBT) sessions for 13 sessions for the next 3 months or more on an as needed basis is non-certified.