

<b>Case Number:</b>	CM14-0030369		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	08/06/2010
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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, 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:

According to the records provided for this review, this female patient is a 63 year old person who reported an occupational-related injury on August 6, 2010. At that time she was on her way to work while caring a laptop and a briefcase when she fell down six steps and attempted to stop herself from falling by using the wall. This resulted in a scraped right arm and fall to the floor. She was told she has a fracture in five vertebrae and reported feeling dizzy with a lot of pain. She received some medical care, but noted continued pain in her back, left leg, and shoulder, with disc problems in her back. She is status post back fusion July 2012, and shoulder surgery. After the surgeries she reported having difficulty with dropping items and severe pain, pain medications were not helpful according to the patient and she's having difficulty with sleeping and over eating at night. She has been diagnosed with Pain Disorder associated with both psychological factors and general medical condition -Industrial; and Major Depressive Disorder single episode, moderate. There are two additional date of injury reported as well. According to treatment notes from her Psychologist the patient has been treated for major depressive disorder with cognitive behavioral therapy, and she has completed approximately 20 sessions as of the end of January 2014. Her treating Psychologist noted that the patient has shown considerable objective functional improvement from the treatment, specifically in increased daily activities engaging in more meaningful behaviors her life, but she continues to struggle with severe depression, anxiety, poor self-care, is tearful, and has negative self-perceptions and debilitating emotional distress; and she requires further treatment. Her Psychologist stated the reason for the request to overturn the non-certification of further CBT sessions was that the patient has not received psychiatric care during the course of her psychotherapy and that her level of depression remains severe with intermittent suicidal ideation and that this is the reason that the request for and additional 8 sessions of cognitive behavioral therapy (CBT) was made.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **8 COGNITIVE BEHAVIORAL THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401.

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

**Decision rationale:** After a careful review of the medical records which were provided for this IMR, the request for 8 sessions of cognitive is not medically necessary because the patient has already had a full course of cognitive behavioral therapy which consisted of approximately 20 sessions. Additional sessions cannot be authorized based on the clearly stated guidelines that for cognitive behavioral therapy, if there is objective functional improvement, 10 sessions can be authorized; or under the ODG for general psychotherapy up to 20 sessions may be provided. Because she has already had the maximum allotment additional sessions cannot be certified. This decision is based upon the fact that she has already received the maximum allowed. The non-certification is upheld.