

<b>Case Number:</b>	CM14-0053914		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/03/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Psychiatry 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:

Injured worker is a 49 year old male with date of injury 3/3/2013. Date of the UR decision was 4/4/2014. Mechanism of injury was reported to be two counts of head trauma. Report dated 9/30/2013 suggested that injured worker was irritable, having difficulties with anger issues, continued to have problems with his memory. He was taking Celexa 20 mg daily per that report. Per report dated 12/5/2013, he was diagnosed with Depressive disorder NOS (not otherwise specified), Anxiety disorder NOS and Post Concussive disorder. Per report dated 12/23/2013, he reported to have noticed improvement with the psychotherapy treatments. It was suggested that he was receiving individual therapy once every two weeks, as well as group therapy. He was not taking any medications at the time of that evaluation. Per report dated 1/8/2014, it was suggested that he was not a danger to himself or others at the time and had been in treatment status post industrial related head trauma. Per report dated 3/21/2014, he presented with subjective complaints of impairment in sleep, concentration, memory, emotional control, stress tolerance, and was experiencing mental slowing. Objectively, he was found to be morbidly depressed, anxious and agitated with blunted, hyper irritable and anhedonic affect. The submitted documentation suggests that he has been authorized for 24 sessions of individual and group Cognitive Behavior Therapy so far.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBT (Cognitive behavioral therapy) Psychotherapy x12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness and Stress Procedure Psychotherapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illnesschapter, Cognitive therapy for depression.

**Decision rationale:** MTUS is silent regarding this issue. ODG Psychotherapy Guidelines recommend: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate). The guidelines state that in cases of severe major depression or PTSD (post traumatic stress disorder), up to 50 sessions, if progress is being made. The submitted documentation suggests that he has been authorized for 24 sessions of individual and group Cognitive Behavior Therapy so far. Per the report dated 12/5/2013, he was diagnosed with Depressive disorder NOS (not otherwise specified), Anxiety disorder NOS and Post Concussive disorder. The injured worker has already exceeded the limit according to Psychotherapy guidelines. Thus a request for CBT (Cognitive behavioral therapy) Psychotherapy x12 sessions is not medically necessary.

**2 Med follow-ups:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness and Stress Procedure Summary.

**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, Office visitsStress related conditions.

**Decision rationale:** ODG states "Office visits: Recommended as determined to be medicallynecessary. Evaluation and management (E&M) outpatient visits to theoffices of medical doctor(s) play a critical role in the properdiagnosis and return to function of an injured worker, and they shouldbe encouraged. The need for a clinical office visit with a health careprovider is individualized based upon a review of the patientconcerns, signs and symptoms, clinical stability, and reasonablephysician judgment. The determination is also based on whatmedications the patient is taking, since some medicines such asopiates, or medicines such as certain antibiotics, require closemonitoring. As patient conditions are extremely varied, a set numberof office visits per condition cannot be reasonably established. Thedetermination of necessity for an office visit requires individualizedcase review and assessment, being ever mindful that the best patientoutcomes are achieved with eventual patient independence from thehealth care system through self care as soon as clinically feasible. "Report dated 9/30/2013 suggested that injured worker was irritable, having difficulties with anger issues, continued to have problems with his memory. He was taking Celexa 20 mg daily per that report. Per report dated 12/5/2013, he was diagnosed with Depressive disorder NOS, Anxiety disorder NOS and Post Concussive disorder. Per report dated 12/23/2013, he reported to have noticed improvement

with the psychotherapy treatments. It was suggested that he was receiving individual therapy once every two weeks, as well as group therapy. He was not taking any medications at the time of that evaluation. The injured worker has not been on any Psychotropic medications per report dated 12/23/2014. The request for 2 med follow ups is not medically necessary.