

<b>Case Number:</b>	CM14-0057787		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 59 year old female with date of injury 9/16/2013. Date of the UR decision was 4/23/2014. The industrial injury occurred at a construction site when a vehicle she had stopped was struck by another car traveling about 40 mph, pushing the first vehicle into her. Emergency Room Physician Report dated 11/08/2013 suggested that she had been experiencing intermittent dizziness for the 3 days prior to the emergency room visit. She believed that her symptoms might be due to starting Celexa 3 days prior and she had been taking 1 tab of Vicodin 3-4x daily due to a left shoulder fracture per that report. Her psychiatric exam suggested that she was "Very anxious and tense appearing". Report dated 9/16/2013 listed diagnosis of Post-Traumatic Stress Disorder and Major Depressive Disorder, Severe and suggested that it was an individual therapy session. Report dated 2/6/2014 suggested that the dose of Paxil was increased and she was continued on Xanax at that visit. The injured worker has received several sessions of individual psychotherapy per the submitted documentation, however there is no clear documentation regarding the total number of sessions received so far.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive skills development 8 visits x 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability

Guidelines - Treatment Index, 12th Edition (web), 2014, Head Chapter, Cognitive skills retraining.

**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 illness chapter, 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.). In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The injured worker has received several sessions of individual psychotherapy per the submitted documentation, however there is no clear documentation regarding the total number of sessions received so far. Based on the lack of complete information regarding the prior psychotherapy treatment, the request for Cognitive skills development 8 visits x 4 weeks is not medically necessary.