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| <b>Case Number:</b>   | CM14-0070887 |                              |            |
| <b>Date Assigned:</b> | 07/14/2014   | <b>Date of Injury:</b>       | 10/10/2009 |
| <b>Decision Date:</b> | 08/13/2014   | <b>UR Denial Date:</b>       | 05/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/16/2014 |

### 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 Psychology 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:

The claimant is a 59 year-old male [REDACTED] with a date of injury of 10/10/09. The claimant sustained injury to his leg and back when there was an explosion in the machine that was loading onto his truck and he lost his balance, falling forward down one step, twisting his left leg and foot when he landed. The claimant sustained this injury while working as a driver for [REDACTED]. In his PR-2 report dated 4/10/14, treating physician, [REDACTED], diagnosed the claimant with: (1) Left knee pain status post arthroscopy - probably requiring total knee arthroplasty; (2) Lumbar disc injury at L4-5 and L5-S1 with stenosis; (3) Right ankle sprain - compensatory; (4) Stress syndrome - compensatory; (5) Insomnia; and (7) Diabetes mellitus of possible industrial origin. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his Agreed Medical Evaluation in Psychiatry report dated 5/12/14, [REDACTED] diagnosed the claimant with: (1) Adjustment disorder with mixed features, industrial; (2) Pain disorder due to medical and psychological problems; and (3) History of prior alcohol abuse. Additionally, in his 4/15/14 Report of Comprehensive Psychological Evaluation and Applicant's Need for Mental Health Treatment, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder; (2) Generalized anxiety disorder; (3) Possible psychophysiological contribution to causation, aggravation, or acceleration of diabetes mellitus, hypertensive disease, recurrent headaches, and/or sexual dysfunction; and (4) Possibly somatic symptoms disorder with predominant pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Twelve (12) Cognitive Behavioral Psychotherapy Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy and cognitive behavioral therapy, Multi-disciplinary pain programs Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**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 and Stress Chapter, Cognitive behavior for depression.

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since his injury in October 2009. Although the claimant completed a pain management psychological evaluation in December 2011 and another psychological evaluation in March 2013, it does not appear that he has participated in any psychotherapy services despite the continued pain and symptoms of depression and anxiety. The request under review is for initial psychotherapy sessions. The ODG recommends an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) may be necessary. Based on this guideline, the request for an initial 12 sessions exceeds the number of initial sessions set forth by the ODG. As a result, the request for Twelve (12) Cognitive Behavioral Psychotherapy Sessions is not medically necessary. It is noted that the claimant received a modified authorization for 4 psychotherapy sessions in response to this request.