

<b>Case Number:</b>	CM14-0071907		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 patient is a 49 year-old male ( ) with a date of injury of 4/5/11. The patient sustained injury to his back and hip when he fell into a trench while carrying a 100 pound plug of asphalt. The patient sustained this injury while working as a roofer for . It is also reported that the patient developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his PR-2 report dated 2/17/14, psychiatrist, diagnosed the patient with: (1) Major depressive disorder, single episode, severe; and (2) Pain disorder associated with both psychological factors and a general medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychologist cognitive behavioral therapy 1xwk x 8wks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision on the Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter as well as Other Medical Treatment Guideline or Medical Evidence: APA Practice Guideline For The Treatment of Patients With Major Depressive Disorder, Third Edition (2010), Maintenance phase, page 19.

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the

Official Disability Guideline for the treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the limited records offered for review, the claimant has been struggling with continued chronic pain since his injury in 2011. He has also been experiencing symptoms of depression for quite some time and has been participating in psychotherapy and been receiving psychotropic medications. In his 2/17/14 PR-2 report, treating psychiatrist, [REDACTED], indicated that the claimant has been "receiving psychological therapy with [REDACTED], once a week, with whom he has been working with for about one year to date." Based on this statement, the claimant has been receiving psychological services for over a year. Unfortunately, there were no psychological records submitted for review that could present information about the services already completed and the rationale for continued services. Without this information, the need for additional sessions cannot be determined. As a result, the request for "Psychologist cognitive behavioral therapy 1xwk x 8wks" is not medically necessary.