

<b>Case Number:</b>	CM14-0073744		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Texas. 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 injured worker is a 54 year-old male who reported a work related injury on 10/02/2012. The injury was a result of cumulative trauma. He frequently had to bend, twist, turn, and occasionally work in awkward positions. The injured worker's diagnoses consisted of depressive disorder, pain disorder, collapsed talar dome, right knee medial meniscus tear, and right ankle avascular necrosis. The past treatment has included 6 sessions of cognitive behavioral therapy, medication, physical therapy, a boot, injections, and a scooter to ambulate. An MRI on 10/16/2012 of the right ankle revealed avascular necrosis of the talus with partial collapse of the talar dome. A MRI on 09/25/2012 of the right knee revealed a medial meniscus tear. The surgical history was not provided for review. Upon examination on 04/09/2014, the injured worker remained worried about his health and his future ability to work and was preoccupied with his injuries. He reports depression characterized by fatigue, crying episodes, and feeling of hopelessness, loss of interest in life, moodiness and loss of his usual activities. It was noted that he had an abnormal mental status examination and abnormal psychometric test results. The prescribed medications were Norco and Ambien since 03/10/2014. The treatment plan was for an additional 8 weeks of cognitive behavioral psychotherapy. The rationale for the request was for depressive disorder. The request for authorization form was submitted for review on 05/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual CBT (Cognitive Behavioral Therapy) Psychotherapy x 8 additional:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): Page 127, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Behavioral Interventions (CBT).

**Decision rationale:** The request for individual CBT (Cognitive Behavioral Therapy) Psychotherapy x 8 additional is not medically necessary. The CA MTUS Guidelines state psychological treatment is "recommended for appropriately identified patients during treatment for chronic pain." The Official Disability Guidelines further state, "up to 13-20 visits of cognitive behavioral therapy are supported if progress is being made." The injured worker has already attended 6 sessions of cognitive behavioral therapy. There is a lack of documentation regarding the prior therapy to verify if progress was made. The injured worker continued to remain worried about his health and his future ability to work and was preoccupied with his injuries. The documentation did not show evidence of improvement in the injured worker's overall behavioral health. He also continued to report depression characterized by fatigue, crying episodes, and feeling of hopelessness, loss of interest in life, moodiness and loss of his usual activities. It was noted that he had an abnormal mental status examination and abnormal psychometric test results. Without evidence of objective improvement and/or rationale for extenuating circumstances to explain lack of improvement, the necessity of additional cognitive behavioral therapy is not supported. As such, the request for CBT (Cognitive Behavioral Therapy) Psychotherapy x 8 additional is not medically necessary.