

<b>Case Number:</b>	CM14-0081205		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Child and Adolescent 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:

The injured worker is a 36 year old female who suffered a closed head injury at work on 9/29/2011. She was hit by a steel bar of a hydraulic machine, and suffered a nasal injury, loss of consciousness, as well as neck strain, facial contusions, headaches and a chipped tooth. The injured worker underwent treatment with physical therapy, chiropractic, and analgesic medication. The 1/8/14 progress report by the treating physician indicated that the injured worker was complaining of feeling depressed and anxious, with reports of crying spells, poor concentration, loss of interest, fatigue, and irritability. She underwent neuropsychological testing which diagnosed her with a mild traumatic brain injury and cognitive disorder, and Adjustment Disorder with Mixed Anxiety and Depressed Mood. She is prescribed the antidepressant medication Lexapro. The injured worker has undergone an unspecified number of outpatient psychotherapy sessions. She reports chronic pain, and subsequently developed narcotic addiction, requiring inpatient detoxification from the narcotic abuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy X 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral intervention. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress,Psychotherapy for depression.

**Decision rationale:** MTUS Guidelines indicate that psychological treatments such as cognitive behavioral therapy and self-regulatory treatments have been found to be effective. It recommends a step-wise approach, and if pain is sustained in spite of continued therapy, the Official Disability Guidelines (ODG) can be consulted. The ODG recommends the use of cognitive behavioral therapy (CBT) in the treatment of depression. The recommendation includes an initial trial of 4 - 6 sessions, with additional sessions up to a maximum of 20 over 20 weeks if there has been functional improvement after the initial trial. The injured worker has undergone an unspecified number of CBT. There is however no documentation that there has been an assessment of the injured worker's functional state to determine if there has been any improvement. In the absence of documented mental health progress from the psychotherapy treatment, there is no compelling rationale for additional psychotherapy sessions, so the request for 8 psychotherapy sessions is not medically necessary on this basis.