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| <b>Case Number:</b>   | CM14-0095853 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 12/24/2003 |
| <b>Decision Date:</b> | 08/28/2014   | <b>UR Denial Date:</b>       | 05/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/24/2014 |

### 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 63-year-old male who reported an injury on 12/24/2003. The mechanism of injury was noted to be cumulative trauma. The injury reportedly occurred to his low back when he picked up a piece of concrete. His past treatments were noted to include light duty, physical therapy, medications, psychotherapy, antidepressants, lumbar surgery, and postoperative physical therapy. His diagnoses were listed to include depressive disorder and injury to multiple body parts. On 03/17/2014, the injured worker underwent an initial psychological evaluation. He was noted to complain of depression regarding his pain and lost physical functioning. A recommendation was made for individual psychotherapy for stress reduction and pain management. The rationale for the requested treatment was that relaxation training and cognitive behavioral therapy are indicated to help symptoms of depression and anxiety. The Request for Authorization form was not submitted in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 sessions of Cognitive Behavioral Therapy; 2 times per month: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Cognitive Behavioral Therapy; 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 & Stress, Cognitive therapy for depression.

**Decision rationale:** The request is not medically necessary. According to the Official Disability Guidelines, cognitive behavioral therapy may be recommended at 13 to 20 visits over 7 to 20 weeks in the treatment of depression when progress is being made. The guidelines further specify that an initial trial should include 4 to 6 sessions and show evidence of symptom improvement. The guidelines also indicate that treatment may be supported up to 50 sessions for cases of severe depression if progress is being made. The clinical information submitted for review indicate that the injured worker had depressive disorder and had previously been treated with psychotherapy, however, documentation was not submitted to indicate improvement in function and symptoms with previous psychotherapy in order to warrant additional treatment. In addition, it is unclear when his most recent psychotherapy treatment was and the number of visits he has previously completed in order to establish whether he falls within the guidelines recommendation. In the absence of further documentation regarding previous psychotherapy, including number of visits and evidence of symptom improvement, the request is not supported. Additionally, the request for 10 sessions exceeds the guidelines recommendation for up to 6 sessions for a trial to provide evidence of symptom improvement prior to continuing with treatment. For the reasons noted above, the request is not medically necessary.