

<b>Case Number:</b>	CM14-0110962		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Psychologist

### 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 (IW) is a 47 year-old male [REDACTED] with a date of injury of 3/30/2012. The IW sustained injuries to his neck, back, and knee as the result of a motor vehicle accident while working for [REDACTED]. He has been diagnosed with: Displacement of cervical intervertebral disc without myelopathy; lumbago; unspecified internal derangement of knee; opioid dependence, continuous; disorders of bursae and tendons in shoulder region; kyphosis, cervical; whiplash injury/syndrome; cervicocranial syndrom; and neck pain, possible cervical instability. It is also reported that the IW developed psychological symptoms secondary to his work-related orthopedic injuries. He has been diagnosed with: Major depressive disorder, single episode, moderate; Adjustment disorder with anxiety and epressed mood; history of bipolar II versus major depression, recurrent; and cognitive disorder, NOS (likely contributed to by anxiety and pain medications). The request under review is for 6 psychotherapy sessions, which was denied by UR on 7/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Cognitive Behavioral Therapy wkly x6: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cognitive therapy for depression Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). (Paykel, 2006) (Bockting, 2006) (DeRubeis, 1999) (Goldapple,

**Decision rationale:** Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in March 2012. He has also been experiencing psychological symptoms. Although the injured worker was evaluated psychiatrically in 2014, it does not appear that he received any psychological services. Therefore, the request for 6 sessions of psychotherapy appears to be for an initial trial of services. The ODG recommends an initial trial of 6 visits over 6 weeks for the cognitive treatment of depression. Utilizing this guideline, the request for 6 psychotherapy sessions to help treat the IW's symptoms of depression appears reasonable and medically necessary.