

<b>Case Number:</b>	CM15-0005506		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	01/02/1991
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Illinois

Certification(s)/Specialty: Psychiatry

### 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 60-year-old female who reported an injury on 01/02/1991. The mechanism of injury was not specifically stated. The current diagnoses include major depression, chronic low back pain, chronic neck pain, osteoarthritis of the hand, history of cervical spine fusion, sleep apnea, and urinary retention. The injured worker presented on 01/06/2015. The injured worker was seen in a crisis situation. The injured worker had become increasingly more depressed and despondent. The injured worker was nervous, anxious, irritable, and agitated. It was noted that the injured worker utilized multiple medications to include Xanax 0.5 mg, Restoril 30 mg, Fetzima 120 mg, and Latuda 20 mg. A mental status examination was not performed on that date. Recommendations included ongoing psychiatric care and treatment to alleviate the effects of the industrial injury. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral therapy sessions x 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** California MTUS Guidelines recommend cognitive behavioral therapy. An initial trial of 3 to 4 psychotherapy visits over 2 weeks is recommended. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. In this case, the injured worker has been previously treated with cognitive behavioral therapy. The latest psychotherapy note was documented on 12/19/2014. The injured worker had complaints of depression and presented with a depressed mood, crying spells, irritability, decreased energy, hopelessness, and decreased concentration. Without documentation of objective functional improvement, further treatment would not be supported. As such, the request is not medically appropriate.