

<b>Case Number:</b>	CM15-0134312		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	02/11/2010
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: 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 is a 49 year old male, who sustained an industrial injury on February 11, 2010. Treatment to date has included cognitive behavioral therapy, group therapy, home exercise program and medications. Currently, the injured worker complains of chronic pain, back pain, urinary problems, hiatal hernia and chest pain. He reports that he is concerned about his liver and kidney problems and has been experiencing severe depression and anxiety. He reports no suicidal or homicidal ideation. He reports that his pain forces him to sleep at a 45-degree angle and he only sleeps approximate four hours per night due to stomach pain. He reports that he worries and obsesses about his multiple health challenges and he sees some progress yet feels it is slow and truncated. He rates his low back pain a 7 on a 10-point scale with the use of medications. He reports that going to the gym helps him tremendously physically and psychologically. The injured worker has a score of 33 on the Beck Depression Inventory and a score of 34 on the Beck Anxiety Inventory. The diagnoses associated with the request include major depression, anxiety disorder, and chronic pain disorder with psychological factors. The treatment plan includes twelve additional cognitive behavioral therapy visits for management of depression, anxiety and chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual therapy, CBT times 12 bi-monthly: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy and Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive behavioral therapy (CBT) Guidelines for 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 and Stress Chapter: Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving both psychiatric medication management services as well as psychological services for a couple of years. He participated in psychotherapy with [REDACTED] and began services with [REDACTED] following [REDACTED] retirement. Unfortunately, the submitted psychological documentation fails to offer enough information about prior services. There is no mention as to the number of completed sessions to date or at least, over the past year. Additionally, the progress and improvements made as a result of the services are not specifically documented. The ODG recommends "up to 13-20 visits...if progress is being made" and in "severe cases of Major depression or PTSD, up to 50 visits, if progress is being made". Without relevant and specific information about past services, the need for any additional treatment cannot be determined. As a result, the request for an additional 12 bi-monthly CBT sessions is not medically necessary.