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| <b>Case Number:</b>   | CM15-0163698 |                              |            |
| <b>Date Assigned:</b> | 08/31/2015   | <b>Date of Injury:</b>       | 04/13/1992 |
| <b>Decision Date:</b> | 10/06/2015   | <b>UR Denial Date:</b>       | 08/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/20/2015 |

### 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 62 year old male, who sustained an industrial injury on April 13, 1992, incurring back and left arm injuries from cumulative trauma. Treatment included Cognitive Behavioral Therapy, psychotherapy, psyche medications, pain medications, antidepressants, antianxiety medications, and work restrictions and activity modifications. He was diagnosed with major depression, anxiety disorder with panic attacks and stress intensified neck, shoulder, back pain and muscle tension, nausea and constipation. Currently, the injured worker complained of persistent chronic pain with an increase in depression, emotional agitation, lack of motivation and diminished self-esteem. He noted panic, anxiety, paranoia, sleep disturbance with nightmares, reduced levels of energy, reduced ability to concentrate and emotional outbursts. The treatment plan that was requested for authorization included six Cognitive Behavioral Therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Cognitive behavioral therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines.

**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 received extensive psychiatric and psychological services over the years. It is reports that he received consistent treatment from 2002-2013. In a report dated 6/26/15, [REDACTED] assesses the injured worker and describes the decompensation and deterioration he has experienced since terminating services in 2013. She recommends resuming treatment with a request for 6 initial sessions. The request under review is based upon this recommendation. Considering that, the injured worker has not received any treatment for 2 years, the request under review can be considered as a new treatment episode request. In the treatment of depression, the ODG recommends up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. Given the fact that the injured worker is experiencing severe depression symptoms, the request for an initial 6 sessions appears reasonable. As a result, the request for 6 CBT sessions is medically necessary.