

<b>Case Number:</b>	CM15-0180068		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, Arizona, Maryland  
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:

This is a 42 year old female with a date of injury of September 30, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for major depression recurrent episode, and agoraphobia with panic disorder. Medical records dated July 29, 2015 indicate that the injured worker reports working through stress in therapy, struggling with stress and pain, and maintaining the cognitive behavioral therapy goals of increasing quality of life with decreasing the level of stress. Records also indicate that the injured worker continued to feel anxious. A progress note dated August 19, 2015 notes the injured worker was decreasing her levels of depression and anxiety with the help of cognitive behavioral therapy, and that she was motivated to continue the cognitive behavioral therapy. Objective findings documented on August 19, 2015 included decreased depression score, stable anxiety score, decreased daytime sleepiness score, stable somatic symptoms severity score, increased catastrophizing score, decreased pain severity score, and increased activity and emotional distress scores. Treatment has included eighteen sessions of cognitive behavioral therapy and medications (Lorazepam, Ambien, and Wellbutrin since at least July of 2015). The original utilization review (August 27, 2015) non-certified a request for six sessions of cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness/ Cognitive therapy for depression.

**Decision rationale:** TUS is silent regarding this issue ODG Psychotherapy Guidelines recommend: Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) Upon review of the submitted documentation, it is gathered that the injured worker has completed at least 18 psychotherapy sessions focused on CBT approach for treatment for major depression, recurrent episode, and agoraphobia with panic disorder. The request for additional cognitive behavioral therapy 6 sessions would exceed the guideline recommendations as quoted above. Thus, the request is not medically necessary at this time.