

<b>Case Number:</b>	CM15-0180151		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/02/2015
<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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder (MDD) reportedly associated with an industrial injury of May 5, 2009. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for six sessions of cognitive behavioral therapy. The claims administrator referenced an RFA form received on August 27, 2015 in its determination. The applicant's attorney subsequently appealed. On August 3, 2015, the applicant reported ongoing issues of depression, anxiety, emotional withdrawal, and diminished self-esteem. Six sessions of cognitive behavioral therapy were sought. It was not stated how much prior psychotherapy the applicant had had through the date of the request. The applicant's work and functional status were not detailed. The applicant's medication list was not seemingly detailed, although it did not appear that the applicant was working as certain sections of the attending provider's progress note stated that the applicant had difficulty concentrating, difficulty reading and/or watching television, difficulty sleeping, difficulty interacting with others, felt that her life was no longer living, etc. The applicant had gained 30 pounds, it was stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavior psychotherapy sessions x6 over the next 3 months or more as needed basis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Failure, Treatment.

**Decision rationale:** No, the request for six sessions of cognitive behavioral therapy was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 398 acknowledges that issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist, the MTUS Guideline in ACOEM Chapter 15, page 398 qualifies its decision by noting that applicants with more serious conditions may need a referral to a psychiatrist for medicine therapy. Here, the applicant was seemingly off of work. The applicant had issues with difficulty socializing, difficulty interacting with others, anxiety, depression, weight gain, malaise, loss of interest in otherwise pleasurable activities, it was reported on an office visit of August 3, 2015. It did not appear that the applicant was working. It appeared, thus, the applicant's mental health issues were more severe and were likely more amenable to medicine therapy than the six sessions of psychotherapy at issue, per the MTUS Guideline in ACOEM Chapter 15, page 398. The MTUS Guideline in ACOEM Chapter 15, page 405 further notes that an applicant's failure to improve may be due to incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. Here, there is no mention of how much prior psychotherapy (if any) the applicant had or had not had on the August 3, 2015 office visit at issue. It did appear that the applicant had had prior psychotherapy as the requesting provider, a psychologist, suggested that the August 3, 2015 office visit represented a follow-up visit. The applicant's response to earlier psychotherapy in terms of the functional improvement parameters established in MTUS 9792.20e was not detailed, discussed, or established, although the limited information on file suggested that the applicant had severe mental health issues present on August 3, 2015, implying that earlier unspecified amounts of psychotherapy had in fact proven ineffectual. Therefore, the request was not medically necessary.