

<b>Case Number:</b>	CM15-0202903		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 2-1-13. The injured worker was diagnosed as having major depressive disorder, generalized anxiety disorder and psychological factors affecting medical condition. Subjective findings (5-6-15) indicated anxiety, depression, irritability and insomnia. Objective findings (5-6-15) revealed the injured worker has gained weight as a result of stress-related overeating. The Beck Anxiety Inventory score was 38, indicating a severe level of anxiety. As of the PR2 dated 8-26-15, the injured worker reports residual depression and anxiety and sleep disturbances. He was distressed when describing how without the helpful psychotherapy he would not be able to cope as well with his condition and its consequences. The treating physician noted a Beck Anxiety Inventory score of 15, indicating a mild level of anxiety. Treatment to date has included cognitive behavioral therapy x 4 sessions, biofeedback x 4 sessions, Wellbutrin, Buspar, Ambien and Klonopin. The Utilization Review dated 9-28-15, modified the request for cognitive behavioral psychotherapy x 20 sessions to cognitive behavioral psychotherapy x 10 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavior psychotherapy, 20 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Cognitive Behavioral Therapy (CBT).

**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 developed psychiatric symptoms related to depression and anxiety secondary to his work-related injury. He completed a total of 4 psychotherapy and biofeedback sessions, which have been helpful. The request under review is for an additional 20 psychotherapy sessions. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks, if progress is being made." Utilizing this guideline, the request for an additional 20 sessions exceeds the total number of sessions recommended. As a result, the request is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 10 sessions in response to this request.