

<b>Case Number:</b>	CM15-0088061		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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:

The injured worker is a 56-year-old male, who sustained an industrial injury on 9/18/2014, after a trip and fall incident, with probable brief loss of consciousness. He was initially diagnosed with concussion and neck muscle strain. The injured worker was diagnosed as having anxiety, not otherwise specified (rule out posttraumatic disorder), rule out post concussion syndrome, mild major depression, thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, and chronic pain syndrome. Treatment to date has included diagnostics, physical therapy, acupuncture, and medications. Urine drug screen (3/25/2015) was inconsistent with prescribed medications. Psychological evaluation (4/06/2015) noted unusually high levels of cognitive impairment and anxiety, especially marked by memory loss and/or confusion. Pain Patient Profile indicated scoring within normal limits for depression, anxiety, and somatization, in the average pain patient. Currently, the injured worker complains of depression, irritability, and fear. He also reported decreased interest in social activities, decreased sexual desire, and some anxiety. He was vague surrounding his activities of daily living. The treatment recommendation was for cognitive behavioral therapy x12. His work status was modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 cognitive behavioral therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress and Mental illness Topic: Cognitive therapy for depression.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) 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 suffers from chronic pain and depression secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for 12 cognitive behavioral therapy sessions exceeds the guideline recommendations for an initial trial and thus is not medically necessary.