

<b>Case Number:</b>	CM14-0119448		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 60-year-old female was reportedly injured on October 3, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 10, 2014, indicates that there are ongoing complaints of anxiety and depression. The physical examination demonstrated the injured employee to be agitated, fearful, and nervous. There was a restricted affect and impaired judgment. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and a functional restoration program. A request had been made for six sessions of cognitive behavioral therapy and was not certified in the pre-authorization process on July 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy x6:** Overturned

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

**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, Cognitive Behavioral Therapy, Updated June 12, 2014.

**Decision rationale:** According to the Official Disability Guidelines, cognitive behavioral therapy is recommended for a variety of conditions to include depression and stress management. Studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement. Considering this, the request for six sessions of cognitive behavioral therapy is medically necessary.