

<b>Case Number:</b>	CM14-0123834		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/06/2010
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 a licensed Psychologist and is licensed to practice in California. 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 claimant is a 54 year-old male with a date of birth of 9/24/60. The claimant sustained injury to his back when he tried to prevent a 600 lb. generator from falling. The claimant sustained this injury while working for [REDACTED]. In his "Pain Medicine Re-Evaluation" dated 6/20/14, [REDACTED] diagnosed the claimant with: (1) Chronic pain; (2) Lumbar radiculopathy; (3) Status post fusion, lumbar spineX2; (4) Bilateral knee pain; (5) Left shoulder pain; (6) Headaches; (7) Depression; and (8) Constipation, unspecified. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In her "Doctor's First Report of Occupational Injury or Illness" and the "Initial Psychological Evaluation Report" both dated 1/22/14, [REDACTED] diagnosed the claimant with Major Depressive Disorder, Single Episode, Moderate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychiatric Cognitive Behavior Therapy (CBT) sessions, weekly for 45 minutes, #10 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG, Pain, Cognitive behavioral therapy

**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 Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant completed a psychological evaluation with [REDACTED] in January 2014. It appears that he began psychotherapy services following this evaluation. In a PR-2 report dated 5/1/14, [REDACTED] indicates that the claimant has been seen for a total of 6 weekly sessions between 3/26/14 through 4/30/14. It is unclear whether there were any psychotherapy sessions completed prior to March. In another PR-2 report dated 6/13/14, it is reported that the claimant completed another 3 sessions between 5/7/14 through 5/28/14. In the final PR-2 report dated 6/7/14, [REDACTED] indicates that the claimant completed another 3 sessions between 6/4/14 and 6/18/14. She further reported that the claimant's "symptoms have reduced however, he remains symptomatic due to his ongoing pain and disability." The objective findings listed on the report simply state, "The patient continues to feel depressed and inadequate." Based on this information, the claimant has completed at least 12 psychotherapy sessions between March 2014 and June 2014 with minimal objective functional improvements. The ODG recommends a total of up to 20 psychotherapy sessions when objective functional improvement has been demonstrated from completed services. The request for an additional 10 sessions exceeds this guideline. As a result, the request for "Individual Psychiatric Cognitive Behavior Therapy (CBT) sessions, weekly for 45 minutes, #10 sessions" is not medically necessary.