

<b>Case Number:</b>	CM14-0129954		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/01/2008
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 66 year old gentleman was reportedly injured on January 1, 2008. The mechanism of injury is noted as falling out of a golf cart. The most recent psychiatric progress note, dated April 9, 2014, indicates that there are ongoing complaints of back pain, left knee pain, and right hip pain. The physical examination demonstrated a dysphoric mood, restricted affect, and slow speech. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, psychotherapy, and the use of a transcutaneous electrical nerve stimulation (TENS) unit. A request was made for eight sessions of cognitive behavioral therapy and was not certified in the preauthorization process on July 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy X 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines ,Psychotherapy Guidelines.

**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.

**Decision rationale:** The Official Disability Guidelines would recommend thirteen to twenty visits for cognitive behavioral therapy for depression. A review of the medical records indicates that the injured employee has previously participated in cognitive behavioral therapy but the magnitude and efficacy of these treatments is unknown. Without this information, this request for an additional eight visits of Cognitive Behavioral Therapy is not medically necessary.