

<b>Case Number:</b>	CM14-0162205		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	08/22/2006
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 licensed in Psychology 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 51 year-old female [REDACTED] with a date of injury of 8/22/06. The claimant sustained injury to her back while working for the [REDACTED]. The mechanism of injury was not found within the medical records. It is also reported that the claimant struggles with psychiatric symptoms secondary to her chronic pain. In the PR-2 report dated 8/29/14, claimant was diagnosed with: (1) Major depressive disorder, single episode, moderate; (2) Anxiety disorder, NOS; and (3) Pain disorder associated with both psychological factors and a general medical condition. The claimant has received both psychotropic medications and psychotherapy to treat her psychiatric symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy 3/4 times a month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 and the APA Practice Guideline for the Treatment of Patients With Major Depressive Disorder Third Edition (2010) page 56-57

**Decision rationale:** The CA MTUS does not address the treatment of chronic depression; therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as reference for this case. Based on the review of the medical records, the claimant has been struggling with her depressive symptoms for several years and has been treated with both psychotropic medications as well as psychotherapy with minimal results. Her depression is chronic with occasional suicidal ideation. Despite the claimant's continued symptoms, the request for "Cognitive behavioral therapy 3/4 times a month" remains too vague as it does not indicate an exact number of sessions per month for an exact number of months nor does it request a specific number of total sessions. As a result, the request for "Cognitive behavioral therapy 3/4 times a month" is not medically necessary.