

<b>Case Number:</b>	CM15-0001880		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 46 year old male whose date of injury is 11/29/11. His diagnosis is anxiety disorder NOS. He was standing on a ladder when he fell, sustaining orthopedic injuries. He underwent right elbow surgery in 2011 with hardware removal in 2012, another surgery in 08/12, followed by PT. He then underwent right knee arthroscopy in 01/14, then left knee arthroscopy in 10/14. He suffers from neck, shoulder, right upper extremity, mid-low back, and bilateral knee pain. He attested to developing paranoia in 2013, in which he felt he was being followed. He had a psychological evaluation on 09/18/14. He attested to developing depression and withdrawing from family, having difficulty coping with his pain. He appeared dysphoric and anxious, hypervigilant, suspicious and paranoid. There was no psychotic ideation. Psychological testing showed Beck Inventories as severe for depression and mild for anxiety. On the Patient Pain Profile (valid) he showed as above average for anxiety and depression, and on the Somatization Scale he was above average as well. Both of these scores indicate that his psychological symptoms may interfere with his physical treatment and rehab efforts. the patient related that he understands that emotions impact physical well-being. A UR of 12/8/14 denied the request for CBT x6 sessions. a supplemental medical-legal appeal was submitted on 12/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial CBT x 6 sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness Chapter, Cognitive Behavioral Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological treatment Recommended for appropriately identified patients during treatment for.

**Decision rationale:** The patient's Pain Profile and Somatization Scale scores rated him as above average, interpreted as possibly impact upon his physical treatment and rehab. His Beck Depression inventory rated severe. As CBT and self regulatory treatments have been found to have a positive short term effect on pain interference and long term effect on return to work. Early psychological intervention in this patient to assist in develop coping skills towards pain management, and address his comorbid depression, may be a beneficial option to afford him, then reassess for objective functional improvement prior to recertification. This request is therefore certified.