

<b>Case Number:</b>	CM15-0013696		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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  
 Certification(s)/Specialty: Psychologist

### 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 34 year old male, who sustained an industrial injury on April 1, 2013. He has reported neck and back injuries. The diagnoses have included post-traumatic stress disorder, dysthymia, Attention Deficit Hyperactivity Disorder, chronic pain syndrome, and psychological factors affecting physical condition. Treatment to date has included off work, psychotherapy with imaginal and in vivo exposure, anxiety education, and antidepressant, anti-anxiety, antipsychotic, and central nervous system stimulant medications. On December 17, 2014, the treating physician noted anxiety, depressed mood, insomnia, hypervigilance, lapse of attention, isolation, uncertainty, chronic pain, fears, and avoidance of places, people, and activity. The physical exam revealed symptoms of post-traumatic stress disorder, depression, and chronic pain syndrome. The treatment plan included psychotherapy and cognitive behavior therapy. On January 23, 2015 Utilization Review non-certified a request for 12 sessions of cognitive behavior therapy, noting the request is redundant to the psychotherapy request which was approved. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guideline was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy Cognitive Behavioral Therapy (CBT) QTY: 2.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

**Decision rationale:** Based on the review of the medical records, the injured worker began psychological services in January 2015 for the treatment of PTSD. On RFA dated 1/15/2015, there was a request for 12 psychotherapy sessions, which were approved, and a separate request for 12 cognitive behavioral therapy sessions, which were denied by UR on 1/23/2015. Given the fact that the injured worker received authorization for 12 psychotherapy sessions in January 2015, the request for 12 CBT sessions is both redundant and not medically necessary.