

<b>Case Number:</b>	CM15-0119763		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	01/06/1999
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 66-year-old male, who sustained an industrial injury on January 6, 1999. He reported an injury to his head, neck, pelvis, left elbow and lower back following a fall from a ladder. Treatment to date has included MRI of the head, CT of the head, physical therapy, EMG/NCV, work restrictions, epidural steroid injection, psychologist evaluation, and medications. Currently, the injured worker complains of worry of his behavior to his wife. The evaluating physician noted that the injured worker has a history of a closed head injury with subsequent loss of consciousness and obvious signs and symptoms of brain injury. He exhibits personality change, obsessive thought, and lack of flexible thinking, unstable mood, and night terrors and complains of loss of smell. He exhibits impulsivity with poor control, poor insight and impaired behavior. A psychiatrist and declines psychiatric medication have evaluated the injured worker. The diagnoses associated with the request include adjustment disorder with anxious and depressed mood. The treatment plan includes continued cognitive behavioral therapy, biofeedback and patient education group.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy 1 times a week for 12 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 11.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Stress Chapter; Cognitive treatment for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving treatment with psychologist, [REDACTED], for an unknown number of sessions. The request under review is for an additional 12 psychotherapy sessions. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Unfortunately, none of the three PR-2 reports submitted for review (2/25/15, 4/4/15, & 5/28/15) indicates the number of neither completed sessions nor present sufficient information regarding the progress and improvements that have been made because of the treatment. Without this information, the need for additional treatment cannot be fully determined. As a result, the request for CBT 1 times a week for 12 weeks is not medically necessary.