

<b>Case Number:</b>	CM15-0022056		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	07/30/1999
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Texas  
 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 54-year-old female who reported injury on 07/30/1999. The mechanism of injury was not provided. The documentation of 12/11/2014 revealed the injured worker's clinical findings were consistent with subjective findings. The injured worker had impairments of sleep, energy, concentration, memory, emotional control, and stress tolerance. The documentation indicated the injured worker's treatment services were essential to prevent deterioration and to provide sufficient symptom relief to allow even minimal functioning at home and in the community. The medications included Prozac 20 mg 3 times a day, trazodone 100 mg 2 at bedtime, and Wellbutrin SR 150 mg 2 daily. The treatment plan included cognitive behavioral psychotherapy and medication monitoring. The request for cognitive behavioral psychotherapy was utilized every third month. The documentation of 02/02/2014 indicated the injured worker had psychiatric symptomatology secondary to industrial musculoskeletal injuries. The injured worker was noted to display depressive disorder NOS with anxiety features. The injured worker had cumulative emotional stress due to the injury. The injured worker had a major cervical spine surgery, chronic pain, prolonged physical impairment, and long term loss of occupation. The injured worker was additionally diagnosed with depressive disorder NOS with anxiety features. The injured worker had a secondary industrial psychiatric condition which had reached a permanent and stationary plateau. Documentation indicated the injured worker would require continued conservative outpatient psychiatric treatment at least until she had successfully adjusted to a new occupation. The injured worker's GAF was 63. The documentation indicated the injured worker would be in need of psychotherapy. The injured worker's presentation was

consistently including crying spells lasting 15 to 20 minutes daily, the injured worker was unkempt, hair was askew, and the injured worker dressed very casually in T-shirt, shorts, and flip flops, and was visually depressed and notably anhedonic and irritable. The injured worker rarely left her home and lacked the energy to engage in constructive activities that would fall within her spinal limitations. The injured worker had 2 antidepressant medications to prevent the recurrence of complete hopelessness and suicidal ideation that she was previously experiencing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One CBT Psychotherapy Visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 101.

**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 & Stress Chapter, Cognitive Behavioral Therapy.

**Decision rationale:** The Official Disability Guidelines indicate that cognitive behavioral therapy for major depression is appropriate for up to 50 sessions if progress is being made. The clinical documentation submitted for review failed to provide documentation of the quantity of sessions previously attended. There was a lack of documentation indicating the injured worker was making progress. The request as submitted failed to indicate the date for the requested service. Given the above, the request for one CBT psychotherapy visit is not medically necessary.