

<b>Case Number:</b>	CM15-0061695		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 48 year old male, who sustained an industrial injury on March 23, 2012. He reported depression, fatigue, anxiety and sleep disturbances. The injured worker was diagnosed as having depressed mood reduced interest, fatigue and lowered energy. Treatment to date has included psychotherapy, conservative treatments and work restrictions. Currently, the injured worker complains of depression, fatigue, anxiety and sleep disturbances. The injured worker reported a psychological industrial injury in 2012, resulting in the above noted symptoms. He reported working as an assistant super intendant over janitors. He reported finding a noose in the back of his truck which he noted was placed there by the super intendant. He reported the individuals found to be involved received disciplinary action from management however he did not feel the company done enough and he was fearful of retaliation upon returning to work. He noted seeking therapy and noted some benefit but no complete resolution of the complaints. He reported feeling angry and depressed with a lowered sex drive and lack of effort to complete activities or hobbies. He reported no longer working outdoors and not leaving the home often. Evaluation on March 31, 2015, revealed continued complaints as noted. Initiation of cognitive behavioral therapy was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial cognitive behavioral therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive behavioral therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for Depression.

**Decision rationale:** Based on the review of the medical records, the injured worker completed a psychological evaluation on 2/24/14 with [REDACTED], under the supervision of [REDACTED]. In the psychological evolution report, [REDACTED] recommended an initial 3-4 psychotherapy sessions as well as biofeedback. According to the UR determination letter/peer review report dated 3/31/15, the injured worker received authorization for an initial 4 sessions. Therefore, not only is the request under review too generalized as it does not indicate a number of sessions being requested, it appears redundant and unnecessary. As a result, the request for initial cognitive behavioral therapy is not medically necessary.