

<b>Case Number:</b>	CM13-0013730		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	01/04/2008
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 52-year-old female who was injured 1-7-2008. She fell down stairs and suffered a concussion. She has suffered from headache, low back pain, right lower extremity pain, anxiety and post concussion syndrome. She has been seen by many clinicians including a psychiatrist, neurologist, MFT psychotherapist as well as an acupuncturist. She has been treated with various psychiatric medications including Abilify, Lexapro, Xanax, Prosom, Risperdal, and Cymbalta. She has had biofeedback in addition to cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy once every other week (13 sessions): 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 Page(s): 23.

**Decision rationale:** The CA MTUS states the following about Cognitive Behavioral Therapy for management of pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for

exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone; Initial trial of 3-4 psychotherapy visits over 2 weeks With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks(individual sessions) Although the patient benefitted from the psychotherapy, had decreased depressive symptoms and a better outlook on life, she has already had more than ten visits which is the total specified by the CA MTUS Chronic Pain Treatment Guidelines as detailed above. As such, more than ten visits are not medically necessary per the guidelines. The request for cognitive behavioral therapy once every other week (13 sessions) is not medically necessary and appropriate.