

<b>Case Number:</b>	CM13-0019475		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Clinical Psychology, has a subspecialty in Pain Management, 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 patient is 47 year old male who first reported a work-related injury on 6/17/11. The cause of his injury was reported to be based on continuous trauma during the course of his employment at [REDACTED] which the patient described as physically demanding. He was diagnosed with cervical disc disease with stenosis, bilateral shoulder impingement, bilateral carpal tunnel syndrome, thoracic strain, and lumbar degenerative disc disease. His subjective symptoms include pain and tightness in the neck, loss of motion and strength in both wrists and hands, and low back pain radiating to the lower extremities. He received right carpal tunnel release in April 2012 and left carpal tunnel release in February 2013. He was treated by a pain management physician who administered epidural injections. There was no mention in the medical files provided for review of any treatment with any medication. In or about August 2013, the patient sought mental health treatment from [REDACTED]. He was diagnosed with: Major Depressive Affective Disorder, Single Episode, Severe, without psychosis. A request was made for 20 sessions of cognitive behavior therapy (CBT) with [REDACTED] and subsequently denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A series of 20 sessions of cognitive behavioral psychotherapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** The MTUS Chronic Pain Medical Guidelines states the following regarding Cognitive Behavioral Therapy (CBT), "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence...Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: An Initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." Given the patient's moderately severe level of depression, his having had prior medical treatments that did not resolve his condition and no prior psychological treatment efforts, a course of CBT would have been a medically indicated intervention as long as it followed the above procedures. The request for 20 sessions is not indicated as a medically necessary treatment based on the documentation received for this review. The number of sessions requested was outside the standard quantity and frequency parameters outlined by the MTUS Chronic Pain Guidelines. Also there was no documentation of objective functional improvement from the initial sessions to substantiate further treatment during sessions 4-5 to 10, with 10 sessions being considered the usual standard number recommended in the MTUS Chronic Pain Guidelines. The request for 20 sessions of cognitive behavioral psychotherapy is not medically necessary and appropriate. ❌❌