

<b>Case Number:</b>	CM13-0046637		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/10/2010
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. The expert reviewer is Board Certified in Clinical 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 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/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 a 48-year-old male with date of injury of 10/10/2010. The date of utilization review (UR) decision was 10/09/2013. The mechanism of injury was a slip/fall that resulted in fracture of right wrist. He started experiencing psychological symptoms that are 90% related to industrial injury according to the authorized medical examiner (AME) reports from 11/30/2012 and 6/6/2013. Progress report from 09/13/2013 and 9/30/2013 by the Psychiatrist, lists the diagnoses as Major Depression, Chronic pain syndrome associated with both psychological factors and general medical condition. The current medications being prescribed for him are cymbalta 60 mg a day, paxil 10 mg a day, buspar 10 mg a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COGNITIVE BEHAVIORAL THERAPY X 12 SESSIONS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BEHAVIORAL INTERVENTIONS, 23 OFFICIAL DISABILITY GUIDELINES (ODG), COGNITIVE BEHAVIORAL THERAPY (CBT) GUIDELINES FOR CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 23, 100-102. Decision based on Non-MTUS

Citation OFFICIAL DISABILITY GUIDELINES (ODG), COGNITIVE BEHAVIORAL THERAPY (CBT) GUIDELINES FOR CHRONIC PAIN.

**Decision rationale:** The MTUS Chronic Pain Guidelines states "Behavioral interventions are 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". The Official Disability Guidelines recommends screening 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 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)." The guidelines suggest Initial trial of 3-4 psychotherapy visits over two (2) weeks. The request for twelve (12) sessions of Cognitive Behavioral Therapy is excessive and medical necessity cannot be affirmed at this time.