

<b>Case Number:</b>	CM13-0059200		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Psychology, has a subspecialty in Health Psychology and 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 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:

According to the files provided for this independent medical review, this is a 55 year-old male patient who reported industrial/occupational work-related injury on October 7th 2009. The injury reportedly occurred during his work for a [REDACTED] where he was/is a minster for over 20 years. The injury appears to have a cumulative component to it, but also occurred acutely when he stepped down from an RV, misjudged the landing, and landed really hard on his leg causing immediate sharp pain in his low back. He reports constant low back pain radiating bilaterally to lower extremities with spasms. He requires medications to do most normal activities of daily living there are notes of moderate depression and sleep difficulties as well as high blood pressure. The patient has had multiple surgical interventions as well as ongoing conservative medical treatment. There is a psychiatric diagnosis of Adjustment Disorder, mixed, evolving into Dysthymia; and Pain Disorder with associated medical and psychological factors; and passive/dependent and aggressive traits. He has been prescribed multiple medications, of being Pamelor which is being used for depression, insomnia and pain. There is a diagnosis of failed back syndrome as well as multiple severe medical issues; it appears the prior injury exacerbated several prior ones. A request for six sessions of psychotherapy individual psychotherapy was made and non-certified. This independent medical review will concern itself with a request to overturn the non-certification of psychological treatment: 6 sessions of 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 6 SESSIONS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interentions, Cognitive Behavioral Therapy Page(s): 23.

**Decision rationale:** Based on a thorough and comprehensive review of all the medical reports provided for this review I determined that the patient does appear to be suffering from psychological issues that include depression, insomnia and difficulties adjusting to his now chronic pain condition. There is sufficient psychological symptomology to suggest the need for treatment and an initial trial of 6 sessions should be provided. Any subsequent sessions would be contingent on clearly documented evidence of functional improvement based on the initial set of 6 sessions. According to the official MTUS guidelines for cognitive behavioral therapy an initial trial of 3-4 sessions may be given with a need for documented functional improvement to be provided in order to have additional sessions up to a maximum of 10. The Official disability guidelines for psychotherapy suggest that up to six sessions may be provided with a similar requirement for additional sessions to be provided based on continued need and functional improvement. The request made for 6 sessions slightly exceeds the maximum for an initial trial of CBT but is within the guidelines for Psychotherapy. The utilization decision to not certify psychological therapy 6 sessions of CBT appears to be primarily based on the fact that the patient likely had some therapy in 2012 and that's specific details (number of sessions, outcome, and functional improvement, if any, from this therapy was not documented in any way that could be considered for this current treatment. Given that the patient is currently symptomatic and that the prior course of therapy was 2 years ago, it is reasonable to offer another course of treatment at this juncture; however, it will be imperative that all treatment provided to the patient psychologically for his mental health be methodically and precisely documented (number of sessions attended, outcome in terms of functional improvement etc..), and that his prior treatment does not invalidate the current ongoing need. Thus, the non- certification of the six sessions of cognitive behavioral therapy is over turned and the requested to provide such therapy is approved.