

<b>Case Number:</b>	CM13-0060752		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 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 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:

According to the medical records that were provided for this review, this patient is a 65 year old Vietnamese speaking male who reported an injury on 10/14/11 during the course of his normal work duties in shipping and receiving which often involved lifting and carrying items weighing up to 60 pounds; he worked for this company since 1999, 6 days a week. He reported pain in the low back, neck and shoulders with the pain radiating to both upper and lower lateral extremities. He takes opiate medication for pain and had conventional pain management treatment. Psychologically he has been diagnosed with Depressive Disorder, NOS, Pain Disorder with psychological factors and a general medical condition and sleep disorder. In the medical notes there is mention of suicidal thoughts by jumping off a bridge and again by self-hanging. A request for 10 sessions of CBT over the course of 2 months was non-certified and is the focus of this IMR

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy (CBT) 10 sessions over the course of 2 months:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2: Behavioral Interventions: Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental/Stress Chapter: Psychotherapy.

**Decision rationale:** According to the medical records provided and the Official Disability Guidelines this employee has already had the maximum number of treatment sessions (10). In addition, the non-certification of this request was based on missing information as there was no documentation of whether other physical medication treatments have been tried and failed and there was a lack of documentation of objective functional improvement. Functional improvement is defined in the MTUS guidelines as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam performed and documented as part of the evaluation and management visit... AND a reduction in the dependency on continued medical treatment." After a full review of the 740 page file (many repeated pages) these conditions were not clearly or adequately addressed. In the request for reconsideration an example of objective functional improvement was provided, a brief mention that the employee is having less suicidal thoughts. Although it was not stated, I noticed there was clear gradual slow improvement over time as measured by the Beck Depression Inventory as scores dropped from 43 on 6/19/12 to 36 on 7/30/13 and to 25 on 9/4/2013 resulting in a lowered classification from severe to moderate depression. This is just marginally sufficient to overturn the non-certification. In addressing the issue of already having the maximum of 10 sessions there is an exemption noted in the Official Disability Guidelines for general psychotherapy where with evidence of objective functional improvement, that in complex cases of depression up to a total of 20 sessions could be approved, this request would not exceed that guideline and thus the non-certification appeal is accepted.