

<b>Case Number:</b>	CM14-0016278		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	04/17/1997
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 57-year-old female who reported injury on 04/17/1997. The mechanism of injury was not provided. Documentation indicated there was a prescription for cognitive behavioral therapy 16 sessions on 07/16/2013, and a request on 01/14/2014 for 10 sessions. Request of 01/14/2014 revealed that the patient had 6 sessions that were approved and the request was for 10 additional sessions. The documentation of 10/30/2013 revealed there was a request for 16 sessions of cognitive behavioral pain management treatment to help modify the patient's emotional complaints of a depressed mood, severe anxiety and feelings of fear and helplessness that overwhelm her coping abilities and compromise her motivation and energy. Documentation dated 01/13/2014 revealed the patient had anxiety and insomnia. The patient's diagnoses were noted to be OT pain dis psychological. The request was made for 10 additional 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 10 SESSIONS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Behavioral interventions and Official Disability Guidelines Cognitive Behavioral Therapy guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
COGNITIVE BEHAVIORAL THERAPY Page(s): 23.

**Decision rationale:** California MTUS Guidelines recommend cognitive behavioral therapy for an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement a total of up to 6 to 10 visits over 5 to 6 weeks in individual sessions. Clinical documentation submitted for review indicated the patient had 6 sessions of cognitive behavioral therapy. However, there was a lack of documentation of objective functional improvement received from the prior therapy. Given the above and the lack of documentation of exceptional factors, the request for cognitive behavioral therapy 10 sessions is not medically necessary.