

<b>Case Number:</b>	CM14-0112986		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/24/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Occupational Medicine 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:

Patient is a 47-year-old who has submitted a claim for lumbar strain and major depressive episode associated with an industrial injury date of June 24, 2012. Medical records from 2014 were reviewed. Patient reported low back pain radiating to the lower extremities. This prompted her to take multiple oral medications. She was worried over the long-term effects of these medications. She experienced drowsiness, difficulty concentrating, and poor short-term memory. She had increased irritability and crying spells. She denied suicidal thought or intent. Mental status examination showed that patient was cooperative. She demonstrated mild slowness in processing. She had flat affect initially but became more animated as the interview progressed. She was oriented to time, place, and person. Beck depression inventory scale showed that the patient scored 21 signifying a moderate-range of depression. The goals for cognitive behavioral therapy include to lessen depression, sleep disruption, stress, and to promote coping and pain management skills. Treatment to date has included physical therapy, use of a TENS unit, and medications such as acetaminophen, gabapentin, orphenadrine, and Norco. Utilization review from July 7, 2014 denied the request for cognitive behavioral therapy because although the patient was a diagnosed case of depression, the request as submitted failed to provide the number of therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Behavioral Interventions, page 23; Psychological Treatment, page 101 Page.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, psychological intervention for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, and posttraumatic stress disorder). Page 23 states that initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Initial psychotherapy of 3-4 visits over 2 weeks is the recommendation. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) is recommended. In this case, patient reported low back pain radiating to the lower extremities. This prompted her to take multiple oral medications. She was worried over the long-term effects of these medications. She experienced drowsiness, difficulty concentrating, and poor short-term memory. She had increased irritability and crying spells. She denied suicidal thought or intent. Mental status examination showed that patient was cooperative. She demonstrated mild slowness in processing. She had flat affect initially but became more animated as the interview progressed. She was oriented to time, place, and person. Beck depression inventory scale showed that the patient scored 21 signifying a moderate-range of depression. The goals for cognitive behavioral therapy include to lessen depression, sleep disruption, stress, and to promote coping and pain management skills. The medical necessity for cognitive therapy appeared to be consistent with the MTUS guidelines noted above, however, the present request did not specify the number of sessions and its frequency per week. Therefore, the request for cognitive behavioral therapy was not medically necessary.