

<b>Case Number:</b>	CM14-0128410		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	02/08/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 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:

Injured worker is a 40 year old male with date of injury 2/8/2010. The date of the UR decision was 8/5/2014. Mechanism of injury was reported as cumulative trauma resulting in chronic neck and back pain. Report dated 8/29/2014 listed Beck Anxiety Inventory (BAI) score of 21 (moderate to severe), Beck Depression Inventory (BDI) score of 29 (severe). He was given the diagnosis of pain disorder. It was indicated that 6 initial sessions of psychotherapy were authorized. Report dated 2/5/2014 indicated that he was taking Lunesta as needed for sleep as well as Cymbalta 20 mg which was prescribed by the worker's compensation Psychiatrist originally. His BAI and BDI scores were 11 and 19 respectively on 2/5/2014 indicating low level of anxiety and borderline clinically depressed range. He was given diagnosis of pain disorder associated with both psychological factors and general medical condition. He had subjective complaints of disturbed sleep, feelings of worthlessness, hopelessness, depression, anhedonia, anxiety/worry dealing with fear of re injury to his back, sexual impairment with decreased libido, poor energy, and frustration tolerance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Evaluation, Psychotherapy, 24 Sessions over 12 Months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS states that 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. Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend 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). Upon review of the submitted documentation, it is gathered per report dated 8/29/2014, that he was authorized for 6 initial sessions of psychotherapy. The injured worker suffers from psychological sequela of chronic pain for which behavior interventions are recommended. However, the request for "Initial Evaluation Psychotherapy 24 Sessions over 12 Months" exceeds the guideline recommendations and is not medically necessary.