

<b>Case Number:</b>	CM14-0138620		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/04/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 59 year old male whose date of injury is 02/04/2006. Progress note dated 01/06/14 indicates that diagnoses are major depressive disorder, and pain disorder associated with both psychological factors and a general medical condition. Psychological progress note dated 02/03/14 indicates that Temazepam was tapered and the injured worker had difficulty sleeping. Psychological treatment note dated 04/21/14 indicates that the injured worker was dissatisfied with Doxepin and returned to Temazepam. Note dated 06/02/14 indicates that he was continued on amphetamine, Temazepam, gabapentin, venlafaxine, quetiapine. The injured worker denies suicidal ideation. Psychological progress report dated 08/04/14 indicates that judgment and insight remain intact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy X 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** Based on the clinical information provided, the request for cognitive behavioral therapy x 6 is not recommended as medically necessary. The injured worker has

undergone prior cognitive behavioral therapy; however, there are no objective measures of improvement documented. CA MTUS guidelines would support up to 10 visits of cognitive behavioral therapy with evidence of objective functional improvement. Given that the current request exceeds CA MTUS recommendations and there are no objective measures of improvement provided, medical necessity of the requested cognitive behavioral therapy is not established.