

<b>Case Number:</b>	CM14-0152771		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 35-year-old female with a reported date of injury on 09/15/2013. The mechanism of injury was not noted in the records. The injured worker's diagnoses included anxiety and depression. The injured worker's past treatments included pain medication, physical therapy and psychiatric medication. There is no relevant diagnostic imaging testing submitted for review. There is no relevant surgical history noted in the records. The clinical notes were handwritten and difficult to decipher. The subjective complaints on 09/04/2014 included shock pain and spasms in the neck that radiates to extremities. The physical examination noted the injured worker continues to have range of motion issues and dealing with ongoing issue. The injured worker's medications included clonazepam and Dilaudid. The treatment plan was not noted in the records. A request was received decision for cognitive behavioral therapy (anxiety/depression/coping with pain). The rationale for the request was not provided. The request for authorization form was not submitted with the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy (anxiety/depression/coping with pain): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, cognitive behavioral therapy (guideline for chronic pain)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive therapy for depression.

**Decision rationale:** The request for cognitive behavioral therapy (anxiety/depression/coping with pain) is not medically necessary. The Official Disability Guidelines state up to 20 visits of cognitive behavioral may be supported for depression and continued visits should be continued on documentation of objective improvement. The guidelines also state a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement. It is noted in the records that the patient has anxiety and depression. However, there is no rationale as to why the request is being requested. Additionally, the request as requested does not include the number of visits proposed. In the absence of the rationale as to why the therapy is being ordered and the number of visits that are being requested, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.