

<b>Case Number:</b>	CM14-0158396		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	11/20/2000
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 54 year old male with date of injury 11/20/2000. Date of the UR decision was 9/4/2014. Mechanism of injury is cumulative trauma at work resulting in chronic pain and depression. Report dated 9/3/2013 listed subjective complaints as discouragement, major depression and pain. Objective findings were stress and depression. The injured worker was diagnosed with Major Depression Disorder; Insomnia type sleep disorder due to pain and Male hypoactive sexual desire disorder due to pain. Report dated 6/3/2013 listed subjective complaints as being depressed, tearful, sleeping 5 hours a night and was experiencing sciatica and tooth pain. He was being prescribed Cymbalta 60 mg in mornings, Ativan 1 mg in the mornings and afternoon, Lunesta 3 mg at bedtime and Viagra as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue individual weekly psychotherapy treatment for 20 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression

**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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends 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 that the injured worker has undergone treatment with psychotherapy. It is unclear as to how many sessions he has completed so far, also there is no documentation suggesting any evidence of objective functional improvement. The request to continue individual weekly psychotherapy treatment for 20 weeks is excessive and is not medically necessary.