

<b>Case Number:</b>	CM14-0030821		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/28/2008
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Psychology 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 claimant is a 42 year-old male (██████████) with a date of injury of 5/28/08. The claimant sustained injury to his back when he fell on a piece of pipe while working for ██████████. He has received treatments including medication, surgery, and spinal cord stimulator system implantation. In his "Followup Pain Management Evaluation Report" dated 11/5/13, ██████████ diagnosed the claimant with: (1) Status post spinal cord stimulator system, permanent; (2) Failed back syndrome; (3) History of L5-S1 lumbar fusion; (4) Lumbar radiculopathy; and (5) Reactive depression secondary to chronic pain condition. Regarding further psychiatric diagnoses, ██████████, in his 12/8/13 "Comprehensive Psychological Consultation and Report" diagnosed the claimant with: (1) Pain disorder associated with both psychological and medical condition; (2) Major depressive disorder, severe, with melancholic features, single episode; and (3) Alcohol use disorder, moderate. It is the claimant's psychiatric diagnoses that are most relevant to this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six weekly cognitive behavioral therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, page 23; Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive therapy for depression.

**Decision rationale:** The CA MTUS guideline regarding the behavioral treatment of chronic pain as well as the Official Disability Guideline regarding the use of cognitive therapy in the treatment of depression will be used as references in this case. Based on the review of the medical reports, the claimant has not participated in any psychological services prior to completing his psychological evaluation with [REDACTED] in December 2013. The claimant appears to not only be dealing with chronic pain, but also depression. Since the claimant is struggling with both issues, the ODG regarding the use of cognitive behavioral therapy for the treatment of depression appears to be more relevant than simply relying upon the CA MTUS guideline regarding the treatment of chronic pain. The ODG indicates that the use of cognitive behavioral therapy is recommended. It suggests an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. The request under review is the initial request following [REDACTED]' evaluation in December 2013. This initial request complies with the cited guidelines and is reasonable. As a result, the request for "Six weekly cognitive behavioral therapy sessions" are medically necessary.