

<b>Case Number:</b>	CM14-0033412		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Family Practice 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:

This is a 48 year old female claimant sustained a work related injury on 10/13/11 involving the neck and back after a truck accident. She was in shock after the injury. She eventually underwent a cervical laminectomy and fusion in 2013. She was also found to have bulging discs in her thoracic spine. She had undergone chiropractic treatment and steroid injections for nerve blocks. She also had difficulty sleeping at night and had bad dreams. Her pain and radiculopathy had been managed with Norco and Lyrica. She had been undergoing psychiatric treatment due to depression. Her medications for depression, anxiety and sleep included Lamictal, Valium Clonidine and cognitive behavioral therapy. A visit with a treating psychiatrist on 1/27/14 noted 12 follow-up visits were needed for medication and cognitive therapy. On 4/20/14 the physician requested a medication management visit once monthly for 12 months.

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### IMR ISSUES, DECISIONS AND RATIONALES

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

**outpatient cognitive behavioral therapy once weekly for 12 weeks:** 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 Behavioral Interventions Page(s): 23.

**Decision rationale:** According to the MTUS and ODG guidelines, cognitive behavioral therapy (CBT) is recommended for a trial of 3-4 visits for 2 weeks and up 10 visits over 5 weeks with evidence of functional improvement. In this case, the request exceeds the amount of visits suggested in the guidelines. In addition, documentation of functional improvement is not provided. The request for 12 CBT visits is not medically necessary.

**medication management once monthly for 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 Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CBT guidelines.

**Decision rationale:** According to the MTUS and ODG guidelines, the amount of CBT visits requested above is not medically necessary. The functional response to medications is not known from month to month. Therefore the advance request for medication management for the year is not medically necessary.