

<b>Case Number:</b>	CM14-0085814		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	12/03/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 a licensed Psychologist, and is licensed to practice in Texas. 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 69 year old female who reported an injury on 12/03/2011. The mechanism of injury was lifting. The injured worker was diagnosed with major depression, single episode moderate, physical disorders and conditions, and severity of psychosocial stressors. The injured worker was treated with medications and behavioral therapy. The injured worker had an unofficial MRI of the thoracic spine on 12/31/2011 and unofficial CT of the lower extremity, pelvis, and chest on 12/04/2011. The clinical note dated 04/14/2014 noted the injured worker complained of sadness, fatigue, low self-esteem, apathy, a sense of hopelessness, a loss of pleasure in participating in usual activities, and social avoidance. The injured worker expressed a lack of motivation, loss of interest in sex, sleep disturbance, appetite changes, feelings of emptiness, and crying episodes. The injured worker had a score of 48 on the Beck Depression inventory and a score of 46 on the beck anxiety inventory. The injured worker was prescribed ibuprofen as needed. The treatment plan included recommendations for cognitive behavioral therapy x6 and a consult follow-up to psychological consultation visits. The request for authorization was dated 02/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapy, cognitive behavioral therapy x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Cognitive therapy for depression.

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

**Decision rationale:** The request for Therapy, Cognitive Behavioral Therapy x 6 is not medically necessary. The injured worker is diagnosed with major depression, single episode moderate, physical disorders and conditions, and severity of psychosocial stressors. The California MTUS guidelines note 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. The guidelines 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 a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone with an 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 of individual sessions. The documentation indicate an initial evaluation was performed which showed a score of 48 on the Beck Depression inventory and a score of 46 on the beck anxiety inventory. The injured worker is noted to have had 3 sessions already and stated they were helpful. However, documentation does not demonstrate that the injured worker experienced improvement in psychological symptoms and improvement in testing scores with the prior sessions. As such, the request for Therapy, Cognitive Behavioral Therapy x 6 is not medically necessary.

**Consult, follow up (psychological consultation visits):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 398,Chronic Pain Treatment Guidelines Psychological Evaluations.

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

**Decision rationale:** The request for Consult, follow up (Psychological Consultation visits) is not medically necessary. The injured worker is diagnosed with major depression, single episode moderate, physical disorders and conditions, and severity of psychosocial stressors. The California MTUS guidelines note 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. The guidelines 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 a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone with an 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 of individual sessions. The documentation indicate an initial evaluation was performed

which showed a score of 48 on the Beck Depression inventory and a score of 46 on the beck anxiety inventory. The injured worker is noted to have had 3 sessions already and stated they were helpful. However, documentation does not demonstrate that the injured worker experienced improvement in psychological symptoms and improvement in testing scores with the prior sessions. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request for Consult, follow up (psychological consultation visits) is not medically necessary.