

<b>Case Number:</b>	CM15-0001816		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/12/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Colorado  
 Certification(s)/Specialty: Family Practice

### 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 56 year old female, who sustained a work related injury on 2/12/2012. The diagnoses have included lumbar strain/sprain, lumbosacral neuritis or radiculitis, lumbago, degeneration of cervical intervertebral disc and major depressive disorder. Treatment to date has included oral medications, topical pain creams. Currently, the injured worker complains of depression, anxiety, feelings of hopelessness and helplessness, and bilateral shoulder, back and left knee pain that is not adequately controlled by medications. On 12/30/14, Utilization Review certified 1 Initial trial of six individual cognitive behavioral therapy sessions for submitted diagnosis of depressive disorder related to lower back injury, noting the psychiatric evaluation has been completed and indicated an inability to present a total clinical evaluation. The ODG was cited. On 12/30/14, Utilization Review non-certified a request for a re-evaluation for submitted diagnosis of depressive disorder related to lower back injury, noting the re-evaluation request at the end of the psychotherapy sessions is not necessary. The psychotherapy sessions will fill in the overall clinical picture of the injured worker. The ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**7 Initial trials of six individual cognitive behavioral therapy sessions (CPT 90837) and a reevaluation (CPT 90791) for submitted diagnosis of depressive disorder related to lower back injury, as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Glass LS, Blais BB, Genovese E, Goertz M, Harris JS, Hoffman H, et al (eds). Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd Edition. Beverly Farms, MA: OEM Health Information Press, 2004, Chapter 15, Stress Related Conditions, Pages 400-402 and ODG, Work Loss Data Institute, LLC, Web Edition, Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM, 2ND Edition, 2004 Chapters 6 (Independent Medical Examinations and Consultations) and 10 (Chronic Pain Disorders)

**Decision rationale:** Per the ACOEM Guidelines, consultation is recommended when the patient's chronic pain condition is related to patient's poor function and no cause clearly evident. Consultation with a specialist can be used then to confirm diagnosis and/or devise treatment regimen. Consultants can also assist in assigning loss, assessing medical stability and determining fitness to return to work. The specialist may offer just advice / input or take over patient care for a given condition. The choice of specialist to consult will depend on the patient needs. (Medical, Physical, Psychological) Per the MTUS, Psychological evaluations are recommended. 'Diagnostic' psychological evaluations can differentiate patient symptoms and conditions as pre-existing, exacerbated by the injury and/or related specifically to the injury alone, which can help predict those patient's who may develop more debilitating chronic pain. (Specifically, abuse in childhood and previous traumatic events have been shown in studies to be predictors of high likelihood of developing chronic pain.) Several trials show / support that the risk of developing work disability from a work injury could be reduced with 'a cognitive-behavioral intervention focusing on psychological aspects of the pain problem. (Linton, 2002)' One large, quality study showed that improved treatment of depression (pharmacological and/or cognitive behavioral) not only reduced depressive symptoms, but decreased pain and improved function. (Lin-JAMA, 2003) Multiple Psychological tests can be used to assess patient status including the Beck Depression Inventory, and Beck Anxiety Inventory. For the patient of concern, the records supplied for review include a Psychological Evaluation in which the extent of patient's psychological injury could not be completely characterized and/or managed. Patient symptoms include depression, anxiety, hopelessness and helplessness, irritability, morbid thoughts, emotional lability, decreased concentration and loss of interest. The Psychological evaluation report indicates that a Psychological Agreed Medical Examination has been completed, but it is not included in the records for review. Cognitive behavioral therapy is requested to better define and treat patient's psychological injury / injuries. In the Psychological evaluation report plan, the provider indicates that 6 sessions of cognitive behavioral therapy with a re-evaluation following, would be necessary for the patient. The actual application requests 7 initial sessions cognitive behavioral therapy, 6 each and a re-evaluation. Not clear if this was the intended request, but the records indicate a single initial series of 6 sessions is to be requested. While the guidelines support initial psychological evaluation to define and predict patient outcomes / response, and while the guidelines support well managed care of depression as an aid to pain

management, the requested '7 initial trials of individual cognitive behavioral therapy' would not be indicated. As part of the request is not indicated, the entire request is not medically indicated.