

<b>Case Number:</b>	CM15-0167358		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 43-year-old female, who sustained an industrial injury on January 10, 2011. She reported depression and anxiety associated with work related mental trauma. The injured worker was currently diagnosed as having post-traumatic stress disorder, panic disorder and agoraphobia. Treatment to date has included cognitive behavioral therapy, psychiatric care and medication. She was noted to have made significant functional improvement with cognitive behavioral therapy. On June 25, 2015, the injured worker complained of sleeping only five hours a night, the inability to focus or concentrate and panic attacks about every other day. She stated that she's gone backwards since her psychotherapy was not authorized and terminated. The treatment plan included additional therapy sessions. On July 21, 2015, utilization review modified a request for six visits of cognitive behavioral therapy to four visits. A request for Belsomra 10mg quantity of thirty was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral therapy qty 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cognitive behavioral therapy (CBT). <http://www.odg-twc.com/index.html>.

**Decision rationale:** ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen 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: 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). In this case, the patient already has had 6 sessions of cognitive therapy with functional improvement. However there is no documentation that the patient still have residual cognitive dysfunction that requires more Cognitive Behavioral Therapy. Therefore, the request for Cognitive Behavioral therapy qty 6 is not medically necessary.