

<b>Case Number:</b>	CM15-0041645		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	03/15/1995
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 52-year-old female, who sustained an industrial injury on March 15, 1995. The injured worker was diagnosed as having chronic pain syndrome and depression. Treatment to date has included cognitive behavioral therapy, biofeedback, and medications. Currently, the injured worker presents as depressed and tearful with restricted range in affect. She indicates that her medications have not been approved and as a result, she has not been sleeping due to increased pain. Her sleep time is decreased to approximately two to three hours per night and this causes difficulty with focus, concentration, memory and an increased level of headache pain. She reports increased somatic complaints, functional complaints, pain complaints, anxiety and depression. Her treatment plan includes CBT psychotherapy, skill development, self-regulation/relaxation, pain management, motivational interviewing, and biofeedback.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional cognitive behavioral therapy x 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 100-102.

**Decision rationale:** According to the MTUS, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In this case, the patient continues to have anxiety, depression and chronic pain after an initial 8 sessions of CBT. There is no functional improvement or decrease in pain documented after the initial sessions of CBT and no medical necessity for an additional 6 sessions of CBT. For these reasons, the request for Additional cognitive behavioral therapy x 6 sessions is not medically necessary.