

<b>Case Number:</b>	CM15-0046285		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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

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:

This 47 year old female sustained a work related injury on 02/22/2011. According to a psychological re-evaluation report dated 08/27/2014, the injured worker developed a major depressive disorder, single episode, moderate and a pain disorder associated with both psychological factors and a general medical condition secondary to an industrial orthopedic injury. She experienced one period of temporary total disability on a psychiatric basis beginning in September of 2013 and continuing to present. She has undergone psychotropic medication management and psychotherapy from September 2013 through May of 2014. Her psychiatric symptoms remained clinically significant and disabling. Recommendations included psychotropic medication management and 12 sessions of psychotherapy. According to a psychiatric re-evaluation dated 10/02/2014, the injured worker continued to have pain in the left upper neck, shoulder area, left upper extremity with numbness and tingling and some weakness. Pain level was rated 9 on a scale of 0-10 without medication. Cymbalta helped her pain and depression in addition to Wellbutrin. Her left shoulder and left upper extremity symptoms were basically worse. She felt hopeless from the pain. She reported fleeting suicidal thoughts. She reported that she worried a lot and she had some vague nightmares. Ongoing treatment was recommended in the form of cognitive-behavioral therapy in addition to antidepressant and mood stabilizing drugs. The injured worker's psychiatric condition was permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Cognitive Behavioral Therapy QTY: 8.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions pages, Psychological evaluations Page(s): 23 and 100-102.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend behavioral interventions such as cognitive behavioral therapy (CBT) for those with chronic pain as it reinforces coping skills and reduces physical dependence on medication and physical therapy. Initially, this therapy should be in the form of physical medicine for exercise instruction using a cognitive motivational approach, but psychotherapy CBT referral after 4 weeks with lack of progress from medication and physical medicine alone is recommended (initial trial of 3-4 psychotherapy visits over 2 weeks with a total of up to 6-10 visits over 5-6 weeks with evidence of functional improvement). The MTUS also states that psychological evaluations are recommended for widespread use in chronic pain populations, but should determine if further psychosocial interventions are indicated. If psychological treatment is appropriate, based on the evaluation, psychological interventions such as behavioral therapy and self-regulatory treatments may be helpful. The MTUS also suggests that the primary treating physician screen for patients that might benefit from psychological intervention and referral, including those who continue to experience pain and disability after the usual time of recovery and if psychological care with other treatment methods are still not sufficient to reduce pain and increase function, then more intensive care from mental health professionals may be recommended. In the case of this worker, although initially the introduction of her to cognitive behavioral therapy was justified, currently there was no documented report, which showed the functional gains associated with the 20 sessions of already completed CBT. Without this clear evidence of functional benefit, the continued CBT sessions requested will not be considered medically necessary at this time.