

<b>Case Number:</b>	CM15-0050696		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	11/10/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 42 year old female whose date of injury is 11/10/2006. She reported chronic back and upper extremity pain with tingling and numbness, anxiety, depression and emotional flareups. She was diagnosed with depressive disorder NOS, anxiety disorder NOS with panic attacks, adjustment disorder with depressed mood and anxiety, avoidant traits, carpal tunnel syndrome, cubital tunnel syndrome and DeQuervain's tenosynovitis. Treatments to date have included surgery and conservative measures without complete pain resolution. She has had psychological evaluation and cognitive behavioral therapy, medications and work restrictions. UR of 03/12/15 noncertified a request for 6 CBT sessions citing lack of objective functional improvement, but on appeal 4 were certified based on her having shown improvement in having an internal locus of control with decrease in anxiety and depression, choosing a new career path, and showing ability to pull apart problems and apply solutions. She began on 02/28/15 and her last session was on 03/15/15. She had experienced panic attacks but had been able to work with herself without leaving class. She was beginning to somatize. She was acquiring skills to problem solve and overcome obstacles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Cognitive Behavioral Therapy Sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA-MTUS 2009 Medical Treatment Utilization Schedule, Behavioral Interventions Recommended. 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. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). 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) Page(s): 23 of 127.

**Decision rationale:** The patient has shown objective functional improvement evidenced by development of coping skills to decrease anxiety and allow her to problem solve while remaining in class and, by her account, perform well. She has learned to express herself and relieve tension artistically. Allowing her to receive continued CBT should help her to solidify skills learned in an effort towards re-entering employment in a new area. This request is therefore medically necessary.