

<b>Case Number:</b>	CM14-0138828		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/18/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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. The expert reviewer is Board Certified in Child and Adolescent Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48 year old female who was injured at work on 3/18/2012. She was lifting a heavy box of tomatoes when she experienced a sharp discomfort in her lower back. She experienced persisting pain, with symptoms of lumbar spinal strain. The 6/11/13 report noted that treatment included analgesics, a magnetic resonance imaging (MRI), and physical therapy. There was weakness in her left leg and pain in her right leg. Chronic pain ensued, which caused symptoms of depressed mood and sleep difficulty. The injured worker was diagnosed with Major Depression and Sleep Disorder. The 6/11/14 progress report by the treating physician documented that the injured worker reported feeling sad, with daily crying spells, anhedonia, and social isolation. She had difficulty completing household chores as well as walking her dog. She was still in pain, but there was some improvement in her mood. She was prescribed the medications Cymbalta, Xanax, Percocet, OxyContin, Gabapentin, Soma and Celebrex. The dose of Cymbalta was increased, and psychotherapy was recommended. Multiple psychotherapy requests were made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 2Xweek X 4wks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, CBT(Cognitive Behavioral Therapy) ,Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, ODG Cognitive Behavioral Therapy (CBT) treatment for chronic pain Page.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that Cognitive Behavioral Therapy (CBT) can be helpful for individuals with mental health symptoms of depression and anxiety secondary to chronic pain. The injured worker is diagnosed with Depression and Anxiety, with persisting and disabling features. The use of CBT would be appropriate in the overall treatment plan for the injured worker, based on the clinical picture. The guideline recommends that the initial therapy should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The previous UR initial trial of 3 - 4 sessions of CBT over 2 weeks, to be followed by up to 6 - 10 sessions over 5 - 6 weeks if there has been objective clinical evidence of functional improvement. The request for 24 sessions is much in excess of the guideline recommendation for up to a maximum of 10 sessions, so that it is not medically necessary on this basis.

**Psychotherapy Monthly For 24 Visits: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, CBT(Cognitive Behavioral Therapy) ,Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, ODG Cognitive Behavioral Therapy (CBT) treatment for chronic pain Page.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that Cognitive Behavioral Therapy (CBT) can be helpful for individuals with mental health symptoms of depression and anxiety secondary to chronic pain. The injured worker is diagnosed with Major Depression, and she has severe and persisting symptoms. The use of CBT would be appropriate in the overall treatment plan for the injured worker, based on the clinical picture. The guideline recommends that the initial therapy should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The previous UR reviewer interpreted this as meaning that the injured worker should first undergo physical therapy, before being appropriate for the CBT treatments. The CBT recommendation is for an initial trial of 3 - 4 sessions of CBT over 2 weeks, to be followed by up to 6 - 10 sessions over 5 - 6 weeks if there has been objective clinical evidence of functional improvement. The previous UR denial was based purely on the reviewer's statement that the injured worker had not first undergone physical therapy. However, the 6/11/13 progress report documents that the injured did in fact undergo physical therapy, so that the UR denial's rationale is invalid. Since this request for 4 sessions is consistent with the guideline recommendation, therefore, the prior UR decision should be reversed, as the request is medically necessary.

**Psychotherapy 1Xweek X 4weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, CBT(Cognitive Behavioral Therapy) ,Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, ODG Cognitive Behavioral Therapy (CBT) treatment for chronic pain Page.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that Cognitive Behavioral Therapy (CBT) can be helpful for individuals with mental health symptoms of depression and anxiety secondary to chronic pain. The injured worker is diagnosed with Depression and Anxiety, with persisting and disabling features. The use of CBT would be appropriate in the overall treatment plan for the injured worker, based on the clinical picture. The guideline recommends that the initial therapy should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The previous UR initial trial of 3 - 4 sessions of CBT over 2 weeks, to be followed by up to 6 - 10 sessions over 5 - 6 weeks if there has been objective clinical evidence of functional improvement. The request for sessions twice a week for 4 weeks is a total of 8 sessions, which is premature at this point, based on the guideline. Instead, the more appropriate request would be for an initial trial of up to 4 sessions first, and then only if there has been objective documentation of functional improvement, a later request could be made for additional sessions up to a maximum of 10 sessions. As the request is in excess of the guideline, therefore, medical necessity is not met.