

<b>Case Number:</b>	CM14-0139266		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/04/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 licensed in Psychology and is licensed to practice in Texas. 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 54 year old male who reported an injury on 01/04/2012. The mechanism of injury was a fall, which injured his low back. His diagnoses included depressive disorder, insomnia disorder and pain disorder. His past treatments included medications. The injured worker's diagnostic exams included a Psychiatric evaluation on 07/21/2014. During this evaluation, he complained of feelings of sadness, fatigue, low self-esteem, hopelessness, sleep disturbances, lack of motivation and crying episodes. The clinical exam revealed that the injured worker appeared drained, hopeless, never smiled, grimaced in obvious physical pain and endorsed suicidal thoughts, but denied planning or intent. The psychiatric evaluation revealed that the injured worker had a significantly high fear avoidance score of 24 regarding physical activity, and a score of 42 concerning work. The Beck's Depression Inventory test acknowledged that the injured worker had a score of 59, which indicated severe depression. Also, the Beck's Anxiety Inventory exam revealed a score of 19, which was suggestive of a moderate anxious state. His medications included Naproxen. The treatment plan encompassed the initiation of 6 cognitive behavioral therapy sessions, which were to be completed once a week over the course of 2 months. Also, the injured worker was to attend 3-4 psychotherapy visits over 2 weeks. The rationale for the request was to create a more positive outcome for the injured worker. The Request for Authorization form was signed and submitted on 07/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Cognitive Behavioral Therapy 6 sessions 1/week over course of 2 months: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Page(s): 23.

**Decision rationale:** The California Guidelines recommend behavioral interventions based on the ideal that 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. The Official Disability Guidelines endorse cognitive behavioral therapy for chronic pain when proper screening has been done that identifies risk factors for delayed recovery, including fear avoidance beliefs, such as a 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. After 4 weeks of a lack in progress consideration should be taken to initiate separate Cognitive Behavioral Therapy. An initial trial of 3-4 psychotherapy visits over 2 weeks is the standard but with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may be approved. The clinical notes indicate that the injured worker received a thorough psychiatric evaluation complete with a Fear-avoidance beliefs questionnaire, Beck's Depression Inventory test, and a Beck's Anxiety Inventory exam. His Fear-avoidance beliefs questionnaire with a fear avoidance score of 24, regarding physical activity and a score of 42 concerning work revealed that he had high fear avoidance beliefs. The screening of the injured workers fear avoidance beliefs would be supported by the guidelines. However, there is lack of evidence that indicates if the injured worker began physical medicine for exercise instruction using a cognitive motivational approach to physical medicine. Additionally, the guidelines state that the injured worker should be started on this therapy initially following his evaluation and after 4 weeks of lack of progress then consideration should be taken to request separate Cognitive Behavioral Therapy. Therefore, due to lack of evidence indicating that the injured worker began physical medicine for exercise instruction using a cognitive motivational approach to physical medicine following the psychiatric evaluation, the request is not supported. Thus, the request for Initial Cognitive Behavioral Therapy 6 sessions 1/week over course of 2 months is not medically necessary.

**Three-four Psychotherapy Visits over 2 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Page(s): 23.

**Decision rationale:** The California guidelines recommend an initial trial of psychotherapy for 3-4 visits over 2 weeks once "at risk" patients participate in physical medicine for exercise instruction, using a cognitive motivational approach. Based on the clinical notes the injured worker had a thorough psychiatric exam that revealed high fear avoidance beliefs, severe

depression and moderate anxiety. However, there is lack of documentation indicating that he participated in a physical medicine for exercise instruction, using a cognitive motivational approach. The guidelines state that the exercise program must be initiated first, then following 4 weeks of a lack of progress then consideration should be taken to request separate psychotherapy. Thus, the request lacks support from the guidelines. Therefore, the request for 3-4 Psychotherapy visits over 2 weeks is not medically necessary.