

<b>Case Number:</b>	CM14-0181788		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	10/28/2007
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 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:

Injured worker is a 57 year old female with date of injury 10/8/2007. Mechanism of injury was identified as being rear ended in a motor vehicle accident and suffered from pain in shoulder joint, thoracic or lumbosacral neuritis/radiculitis, lumbago and sciatic nerve lesion. She has undergone sessions of acupuncture, physical therapy, medication management. Per report dated 4/2/2014, she presented as significantly anxious, overwhelmed, highly distraught and sobbed through the whole session. She was diagnosed with Severe Major Depression, recurrent and Post Traumatic Stress Disorder. She was authorized for 12 sessions of Cognitive Behavior Therapy on 4/29/2014. Report dated 9/18/2014 listed that injured worker complained of middle and low back pain, left shoulder pain. It was suggested that she had been experiencing depression, excessive crying, irritability, lack of concentration. She was being prescribed Gabapentin, Norco, Lexapro and Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy 12 additional sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression

**Decision rationale:** California MTUS states that behavioral interventions are 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using 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)Upon review of the submitted documentation, it is gathered that the injured worker has had at least 12 psychotherapy sessions focused on CBT approach. The injured worker has already exceeded the upper limit of Psychotherapy sessions (10) per the MTUS guidelines. Thus, the request for Cognitive Behavioral Therapy 12 additional sessions is not medically necessary.