

<b>Case Number:</b>	CM13-0071852		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	10/17/2002
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 51 year-old male with a 10/17/2002 industrial injury claim. The mechanism of onset was not listed in the records provided. He has been reported to have orthopedic problems with chronic neck pain and degenerative disc disease C4-C7, history of head trauma, and psych issues involving depression, anxiety, panic attacks and difficulty sleeping. On 12/17/13 Utilization Review (UR) reviewed a 12/2/13 psychotherapy note and notes that the patient had completed 12 sessions of cognitive behavioral therapy sessions, and recommended against cognitive skills development. The 12/2/13 report from [REDACTED] lists the diagnoses as Post Final traumatic stress disorder (PTSD), cognitive disorder; mood disorder with depression and personality change due to head trauma; pain disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE SKILLS DEVELOPMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavior Therapy Page(s): 23.

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

**Decision rationale:** The patient is reported to have orthopedic problems with chronic neck pain and degenerative disc disease C4-C7, history of head trauma, and psych issues involving depression, anxiety, panic attacks and difficulty sleeping. I have been asked to review for cognitive skills development as explained on the 12/2/13 psychiatric report from [REDACTED]. The Utilization Review (UR) letter states the patient already had 12 cognitive behavioral therapy (CBT) sessions. MTUS allows for CBT, stating there should be a trial of 3-4 sessions, and with evidence of objective functional improvement, a total of 6-10 sessions may be appropriate. The reporting from [REDACTED] does not discuss any functional improvement with prior treatment. [REDACTED] reports include the Beck Disability Inventory (BDI) and Beck Anxiety Inventory (BAI). On 12/2/13 BDI was 45, BAI was 42; the prior report is dated 11/14/13 and BDI was 50 and BAI was 45; the 10/21/13 report shows BDI as 32 and BAI as 35. The BDI and BAI scores increased despite the Cognitive-Behavioral Therapy (CBT) provided. There is no documentation of significant improvement, and the condition appears worsening. The continued cognitive therapy without functional improvement is not in accordance with MTUS guidelines.