

<b>Case Number:</b>	CM13-0022290		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Licensed in Psychology 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 claimant is a 28 year-old female (██████████) with a date of injury of 10/12/12. The claimant sustained orthopedic injury to her back, neck, and shoulders when she was re-stacking cases on pallets and lifted a heavy box approximately 25 pounds while working as a laborer for ██████████. In his PR-2 report dated 6/27/13, ██████████ diagnosed the claimant with: (1) 3-mm disc protrusion at L5-S1 with annular fissure; (2) Lumbar radiculopathy; (3) Segmental dysfunction, lumbar spine; (4) Chronic lumbosacral sprain/strain; (5) Post-traumatic myofascial pain; and (6) Depression. It is also reported that she sustained injury to her psyche secondary to her work-related physical injury. In his 7/2/13 "Initial Psychological Evaluation Secondary Treating Physician's Report Request for Authorization" and subsequent PR-2 report dated 8/13/13, ██████████ diagnosed the claimant with: (1) Major depression, single episode, moderate; (2) Anxiety disorder NOS; (3) Panic disorder with agoraphobia; (4) Sleep disorder due to a medical condition; and (5) Pain disorder. It is the claimant's psychiatric diagnoses that are most relevant to this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INITIAL COGNITIVE BEHAVIORAL THERAPY, ONCE A WEEK FOR 6 WEEKS:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant is struggling with symptoms of depression and anxiety, which would benefit from psychotherapy sessions. [REDACTED] presents relevant and appropriate information within his initial psychological evaluation to warrant a request for an initial 6 sessions of CBT. The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be provided. As a result, the request for "INITIAL COGNITIVE BEHAVIORAL THERAPY, ONCE A WEEK FOR 6 WEEKS" is medically necessary. It is noted that the claimant did receive a modified authorization of 4 psychotherapy sessions from this request.

**PHARMACOLOGIC MANAGEMENT REFERRAL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**Decision rationale:** The CA MTUS does not address psychiatric pharmacological management therefore, the Official Disability Guideline regarding office visits will be used as reference for this case. Based on the review of the medical records, the claimant is struggling with symptoms of depression and anxiety, which may possibly benefit from psychotropic medications. [REDACTED] presents relevant and appropriate information within his initial psychological evaluation to warrant a request for a consultation with a psychiatrist. The ODG guideline states that office visits are "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." Given [REDACTED] clinical judgment that a consultation with a psychiatrist would be helpful, the request for a "PHARMACOLOGIC MANAGEMENT REFERRAL" appears reasonable and medically necessary

**PSYCHO-EDUCATION GROUP THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44-45.

**Decision rationale:** Based on the review of the medical records, the claimant is struggling with symptoms of depression and anxiety in addition to her chronic pain, which will likely benefit from psychoeducation. [REDACTED] presents relevant and appropriate information within his initial psychological evaluation to warrant a request for a psychoeducational group. The CA MTUS guideline states that education is "Recommended." It further states, "Practitioners must develop and implement an effective strategy and skills to educate patients, employers, insurance systems, policy makers and the community as a whole. An education-based paradigm should always start with inexpensive communication providing reassuring information to the patient...No treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self-management of symptoms and prevention. (Colorado, 2002)" Given this guideline, psycho education group therapy appears to be an appropriate request however, it remains too vague as it does not provide any information as to how many sessions are being requested and over what duration. As a result, the request for "PSYCHO-EDUCATION GROUP THERAPY" is not medically necessary. It is suggested that future requests be more specific with regards to number of sessions requested and the proposed length of time of services.

**BIOFEEDBACK THERAPY, ONCE A WEEK FOR 6 WEEKS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25.

**Decision rationale:** Based on the review of the medical records, the claimant is struggling with symptoms of depression and anxiety in addition to her chronic pain, which would benefit from biofeedback sessions. [REDACTED] presents relevant and appropriate information within his initial psychological evaluation to warrant a request for an initial 6 sessions of biofeedback in combination with CBT psychotherapy sessions. The CA MTUS guideline recommends the use of biofeedback "as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity." As a result, the request for "BIOFEEDBACK THERAPY, ONCE A WEEK FOR 6 WEEKS" is appropriate and medically necessary. It is noted that the claimant did receive a modified authorization of 4 biofeedback sessions from this request.