

<b>Case Number:</b>	CM13-0027132		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	06/14/2000
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 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 patient is a 73-year-old male who has submitted a claim for major depressive disorder, substance induced anxiety disorder, and rule out organic brain disorder associated with an industrial injury date of 6/14/2000. Medical records from 3/18/2013 up to 5/16/2014 were reviewed showing that the patient feels depressed when his pain is not controlled. He is apprehensive over his health condition. His mood fluctuates depending on his pain level. PR dated 3/21/14 noted that he indicated a slight improvement in his mood, as he remained compliant with treatment. Objective findings revealed depressed and anxious mood. He also experiences some memory and concentration difficulties. Treatment to date has included individual and group psychotherapy, activity modifications, Celexa, Ambien, Viagra, Topamax, amlodipine, ibuprofen, and citalopram. Utilization review from 9/5/2013 denied the request for cognitive behavior therapy once per week for the next three months and modified the request for medication management once per week for the next three months to 1x per month for the next 3 months. Regarding the requested CBT, there is no documentation of the number of previous psychotherapy visits. Regarding the medication management, there is no documentation of need to monitor the patient's progress and make any necessary modifications to the treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIOR THERAPY ONCE PER WEEK FOR THE NEXT THREE MONTHS:** 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 Cognitive Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Mental Illness & Stress Chapter, Cognitive Behavioral Therapy).

**Decision rationale:** Page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend behavioral interventions and states 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. ODG recommends an initial trial of 6 visits over 3-6 weeks; and with evidence of symptom improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions). In this case, the documents show that the patient had attended previous cognitive behavioral therapy sessions consisting of both individual and group psychotherapy sessions. However the response to the treatment was not documented. The guideline recommends continued course of treatment after trial visits provide evidence of symptom improvement. Moreover, the number of visits from previous CBT sessions was not specified; it is unclear whether the total number of visits would exceed the guideline recommendation when the additional sessions are included. In addition, there was no documentation stating the specific issues it intends to address. Therefore the request for COGNITIVE BEHAVIOR THERAPY ONCE PER WEEK FOR THE NEXT THREE MONTHS is not medically necessary.

**MEDICATION MANAGEMENT ONCE PER WEEK FOR THE NEXT THREE MONTHS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient has been diagnosed with major depressive disorder and substance induced anxiety disorder. It was noted in PR dated 3/18/13 that the patient had undergone medication management however, outcome was not stated. In addition, there is no documentation of need to monitor the patient's progress and make any necessary modifications to the treatment plan. There is likewise no discussion as to why 12 visits should be certified at this time. Therefore, the request for MEDICATION MANAGEMENT ONCE PER WEEK FOR THE NEXT THREE MONTHS is not medically necessary.

