

<b>Case Number:</b>	CM13-0058150		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/22/2007
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 a Licensed Psychologist 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 47-year-old male who reported an injury on 09/22/2007. The injured worker was reportedly attempting to push back a 5 gallon bucket of paint that began to fall off of a shelf when he experienced a sudden sharp pain and hot sensation in the lower back. The injured worker has developed chronic pain and physical limitations, as well as symptoms of anxiety, depression, and sleep difficulty. The injured worker was evaluated on 10/23/2013. Objective findings revealed significant depression and anxiety. The injured worker is diagnosed with depressive disorder, anxiety disorder, insomnia, and stress-related physiological response affecting headaches. Treatment recommendations at that time included cognitive behavioral psychotherapy for 12 weeks, hypnotherapy/relaxation training for 12 weeks, and monthly follow-up appointments for 6 to 8 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT, SIX COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY:** 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): 23.

**Decision rationale:** California MTUS Guidelines utilize Official Disability Guidelines Cognitive Behavioral Guidelines for chronic pain which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. The current request for 6 sessions of cognitive behavioral therapy exceeds guideline recommendations. Therefore, the request is not medically appropriate. As such, the request is non-certified.

**HYPNOTHERAPY/RELAXATION TRAINING ONCE PER WEEK FOR TWELVE WEEKS:** 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): 23.

**Decision rationale:** California MTUS Guidelines state behavioral therapy is recommended. The identification and reinforcement of coping skills is often useful in the treatment of pain. California MTUS Guidelines utilize Official Disability Guidelines Cognitive Behavioral Therapy Guidelines for chronic pain which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 12 sessions of relaxation training exceeds guideline recommendations. Therefore, the request is non-certified.

**PSYCHIATRIC EVALUATION FOLLOW-UP APPOINTMENTS FOR SIX TO EIGHT WEEKS (6-8 MONTHS):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. As per the documentation submitted, the injured worker does maintain diagnoses of depressive disorder, anxiety disorder, insomnia, and stress related to physiological response. However, the request for follow-up appointments for the next 6 to 8 months is excessive in nature. The injured worker's clinical status would need re-evaluation at each appointment to determine further care. There is no documentation of this injured worker's current utilization of any psychotropic medication. The requested psychotherapy has not been authorized. Based on the clinical information received, the request is non-certified.