

<b>Case Number:</b>	CM13-0070420		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 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:

Based on the records provided for this independent review, this patient is a 30 year old male who reported an industrial/occupational work-related injury on August 7, 2012, when 2,500 pound steel plate hit him in the legs, waist/pelvis area, knocking him down and pinning him to the asphalt ground nearby; resulting in a crush injury to his bilateral legs with severe fractures, spinal and knee injuries. Psychologically, the patient has been diagnosed with major depressive disorder, single episode, mild; generalized anxiety disorder; posttraumatic stress disorder chronic; male hypoactive sexual desire disorder due to chronic pain; insomnia related to generalized anxiety disorder and chronic pain; and stress-related physiological response affecting headaches. The patient presents with depressed mood, memory problems, poor concentration, preoccupation with physical limitations, and nervousness. A request for cognitive behavioral group psychotherapy one time per week for 12 weeks was made, and non-certified. This independent medical review will address a request to overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY 1X/WEEK FOR 12 WEEKS:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral interventions: Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, psychotherapy guidelines.

**Decision rationale:** Although the original utilization review decided to non-certification 12 sessions of cognitive behavioral group psychotherapy the request was modified to allow for 4 sessions approved and 8 non-certified. The correct protocol for requesting psychotherapy treatment is an initial block of sessions, typically 3 to 4 in quantity, should be authorized and completed with documentation of patient response in terms of functional improvements derived from the treatment being fully documented as a part of a request for additional sessions. According to the MTUS guidelines for cognitive behavioral therapy, a maximum of 6 to 10 sessions may be offered if the initial trial is effective and it's results documented. The ODG guidelines do allow 13 to 20 visits if progress is being made. In this case the request for 12 sessions at the outset for what appears to be the start of the new treatment ignores the proper protocol and exceeds the MTUS guidelines for the entire course of treatment, although it does fall within the guidelines for the ODG, but still ignores the need for an initial treatment trial. It should be noted that this decision does not reflect the patients need for treatment, it is a procedural issue. Based on my review of this patients' medical chart, this is an appropriate patient for psychological treatment and should be offered to him without delay. However, because the number of sessions requested is excessive the request for cognitive behavioral group psychotherapy 1x/week for 12 weeks is not medically necessary.