

<b>Case Number:</b>	CM13-0070842		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/15/1999
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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 56 year-old [REDACTED] with a date of injury of 9/16/99. She sustained a work-related injury to her back and left knee after lifting and moving approximately 300 automotive and marine batteries from a conveyor belt to a pallet while working for [REDACTED]. It is also reported that the claimant sustained injury to her psyche secondary to her work-related orthopedic injuries. In her PR-2 report dated 10/15/13, [REDACTED] diagnosed the claimant with major depressive disorder and pain disorder associated with psychological factors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBT Sessions 2x/Wk for 3 Months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 has been

receiving psychological services with ██████████ for quite some time. The exact number of completed sessions to date is unknown. In her PR-2 report dated 10/15/13, ██████████ indicates that the claimant continues to report chronic pain and that the "pain causes her to feel impatient, irritable, and frustrated." Although the claimant has been deemed TTD and continues to experience symptoms, the request for an additional 24 sessions (2X/week for 3 months) appears excessive given the substantial treatment already received. As a result, the request for "CBT Sessions 2x/wk. for 3 months" is not medically necessary. It is noted that the claimant did receive a modified authorization for 6 weekly individual therapy sessions from this request.

**Group Therapy Sessions 2x/Wk. For 3 Months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 has been receiving psychological services with ██████████ for quite some time. The exact number of completed sessions to date is unknown. In her PR-2 report dated 10/15/13, ██████████ indicates that the claimant continues to report chronic pain and that the "pain causes her to feel impatient, irritable, and frustrated." Although the claimant has been deemed TTD and continues to experience symptoms, the request for an additional 24 group therapy sessions (2X/week for 3 months) appears excessive given the substantial treatment already received. As a result, the request for "Group therapy sessions 2x/wk. for 3 months" is not medically necessary. It is noted that the claimant did receive a modified authorization for 6 weekly group therapy sessions from this request.

**24/7 Homecare Assistance by a Psych Technician or LVN Level Provider: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51.

**Decision rationale:** Based on the review of the medical records, the claimant has difficulty completing many of her ADL's and ambulating, which she does with the use of a cane. Although it appears that the claimant will benefit from home health services, the request for 24/7 help appears excessive. According to the guideline cited above, "generally up to no more than 35 hours per week" is recommended. As a result, the request for "24/7 homecare assistance by a psych technician or LVN level provider" is not medically necessary. It is noted that the claimant

did receive an authorization for a modified 4 hours per day of home health services from this request.