

<b>Case Number:</b>	CM14-0004313		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 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 45 year old male who reported an injury on 2/1/11; the mechanism of injury was not provided for review. He was diagnosed with right lateral epicondylitis and right cubital tunnel syndrome, and he underwent ulnar nerve decompression and transposition, carpal tunnel release, and tenosynovectomy on 11/9/12. It was noted that the injured worker has been treated with medications, acupuncture, physical therapy, and a home exercise program. He has also attended an unknown duration of cognitive behavioral psychotherapy beginning on 1/31/13. He was diagnosed with adjustment disorder with depressed anxious mood, as well as moderate major depressive disorder and chronic pain disorder. He was administered the SOPA psychometric test on 9/23/13 and scored in the average range for perception control over pain and high range for perceptions of emotional impact on pain, disability belief, and harm avoidance. The injured worker was evaluated on 12/19/13 and reported improvement in anxiety and depression due to medications and improvement in his finances. Medications were noted to include Viibryd and Lunesta. He also reported ongoing pain with some improvement due to acupuncture. It was noted that his global assessment functioning score has both increased and decreased since the beginning of psychotherapy treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL COGNITIVE BEHAVIORAL PSYCHOTHERAPY ONE (1) TIME A WEEK FOR SIX (6) TO TWELVE (12) WEEKS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL TREATMENT,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, BEHAVIORAL INTERVENTIONS , BEHAVIORAL INTERVENTIONS, 23

**Decision rationale:** The injured worker was initially evaluated by a psychotherapist on 1/31/13. At the time, he was recommended for psychotherapy, and multiple psychiatric progress reports thereafter recommend to continue therapy. It is unclear how many psychotherapy sessions the injured worker has completed to date; the medical records provide documentation of at least eight sessions. The California MTUS Guidelines recommend behavioral interventions for the identification and reinforcement of coping skills in the treatment of chronic pain. The Official Disability Guidelines recommend a total of 10 visits of cognitive behavioral psychotherapy with objective functional improvement after an initial trial of psychotherapy. As the injured worker has already completed at least eight sessions and likely many more, the request for 6-12 additional sessions is excessive. Furthermore, the documentation submitted for review fails to indicate recent valid psychometric testing (such as the Beck Depression Inventory, Beck Anxiety Inventory, or Fear Avoidance Belief Questionnaire) to support diagnoses and to objectively measure functional improvement. Global Assessment Functioning scores have varied throughout psychological treatment and are not a valid measure of improvement with regard to behavioral approaches to pain. Therefore, there is a lack of evidence to indicate that the injured worker has benefitted from treatment with psychotherapy. As such, the request is not medically necessary.