

<b>Case Number:</b>	CM14-0112224		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 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:

According to the records that were provided for this independent review, this patient is a 42-year-old female who reported an industrial/occupational injury occurred on January 13, 2014 during her normal and usual customary work duties as a service associate greeting and directing arriving customers for [REDACTED]. A note from May 2014 by her primary treating physician titled states this is a continuous trauma from January 13, 2013 to January 13, 2014. An initial psychological consultation was conducted on April 21, 2014. Her medical injuries reportedly began with sore feet, then progressed to a low back pain and developed into hives and became "intense pain in her hands." She currently reports low back pain constantly radiating into both lower extremities with numbness and weakness, cramps, and burning. She also reports bilateral heel and feet pain radiating up both lower extremities and constant neck pain with intermittent headache, and bilateral wrist and hand pain. She has been treated with TENS unit and physical therapy as well as conventional medical treatments. The patient had 4 psychotherapy sessions in December 2013 the details of these sessions were not reported clearly but might have been employee assistance program related rather than worker's compensation based. In addition it has been noted in her medical chart that there were two prior authorizations that were approved for group medical psychotherapy and medical hypnotherapy relaxation dated April 25, 2014 and again on June 9, 2014. No information regarding these treatment sessions were provided but a note was stated that according to the office of the primary treating psychologist that no treatment was provided following the initial psychological evaluation from April 21, 2014. An additional note from May 2014 appears to clarify what occurred was that 12 sessions were requested for an initial treatment for medical group therapy and hypnotherapy/relaxation training but were not approved and was sent to IMR for reconsideration. She has been diagnosed with: Major Depressive Disorder, Single Episode, Mild; Generalized Anxiety Disorder; Insomnia Related to

Generalized Anxiety Disorder and Chronic Pain; Stress-related to physiological response affecting gastric disturbances, high blood pressure, headache and ulcer. She reports a hostile work environment that created stress and of pervasive feeling of harassment and resulted in symptoms of depression and anxiety.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**12 Additional Cognitive - behavioral group Psychotherapy for once a week for 12 weeks for the management of Symptoms related to Neck Low Back and Bilateral Wrists/ Arms Injury as an Outpatient:** Upheld

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

**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, Topic Psychotherapy Guidelines, Cognitive Behavioral Therapy/Depression

**Decision rationale:** The information that was provided for this request was very confusing to try to sort it out, but as best as I can tell it appears that this is an initial request for treatment. If this is in fact a request for additional sessions then there was no documentation with regard to the prior ones that would support the medical necessity of additional treatment and it should not be authorized. However, there does appear to have been four sessions that occurred prior to this request but they were not part of the work comp system as best as I can tell. At this point, it does not appear that the patient has had any psychological treatment for the current injury under the work comp system but even this may not be accurate. A psychological evaluation was provided and reviewed for this independent medical review. According to the MTUS treatment guidelines for psychotherapy all treatments begin with an initial brief trial of therapy to determine whether or not the patient responds to that initial treatment trial with documented evidence of objective functional improvements. Objective functional improvement is defined as: increased activities of daily living, a decrease in work restrictions, and a decreased reliance on future medical care. The initial treatment trial consists of 3 to 4 sessions (MTUS) and in some cases up to six sessions (ODG). After completion of the initial treatment trial additional sessions may be authorized pending documented objective functional improvement up to a maximum of 13-20 sessions. This request for 12 sessions at the outset of treatment initiation does not take into account this procedural process. The medical necessity of 12 sessions was not supported by the documentation that I reviewed in this medical chart. It does appear that utilization review did offer a modification for eight sessions. The request for 12 sessions is not approved based on the need for the quantity of sessions requested, the need for an initial treatment trial, and subsequent documentation of functional improvements.