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| <b>Case Number:</b>   | CM14-0114245 |                              |            |
| <b>Date Assigned:</b> | 08/04/2014   | <b>Date of Injury:</b>       | 09/02/2010 |
| <b>Decision Date:</b> | 10/08/2014   | <b>UR Denial Date:</b>       | 07/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/22/2014 |

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, bilateral arm pain, hand pain, headaches, psychological stress, and abdominal/groin pain reportedly associated with an industrial injury of September 2, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medications; prophylactic medications for headache; adjuvant medications; and opioid therapy. In a Utilization Review Report dated July 2, 2014, the claims administrator approved a request for trazodone, partially certified a request for weekly office visit for medication management purposes as one (1) total office visit for medication management purposes and denied a request for group cognitive behavioral therapy once weekly. The claims administrator seemingly suggested that the applicant had had earlier cognitive behavioral therapy but has failed to improve with the same. The applicant's attorney subsequently appealed. In a January 20, 2014 progress note, the applicant reported 7-8/10 neck pain and muscle spasms. The applicant was using trazodone at bedtime. The applicant was also using Percocet. The applicant had issues with headaches, GI irritation, depression, sleep, and psychological stress. Multiple medications were renewed, including tramadol, Neurontin, Protonix, naproxen, and Remeron. Work restrictions were endorsed. The applicant did not appear to be working with said limitations in place. In an office visit of July 30, 2014, it was stated that the applicant's last visit was June 19, 2014. The applicant had apparently participated in unspecified amounts of group cognitive behavioral therapy, it was acknowledged. The applicant's Global Assessment of Functioning (GAF) was 65. It was acknowledged that the applicant had been deemed disabled and was financially handicapped. The applicant was using Motrin and Protonix, it was stated. The applicant was described as "medically retired." The applicant was given a refill of trazodone. Six additional sessions of group therapy for anxiety and depression were sought.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Group CBT, once weekly qty 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Pag. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Behavioral Interventions, Mental Illness and Stress Chapter, updated 05/13/13

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 400 does acknowledge that cognitive therapy such as the group CBT seemingly being sought here can be problem focused, with strategies intended to alter an applicant's perception of stress or emotion focused, with strategies intended to alter an applicant's response to stress. In this case, however, the applicant has already had unspecified amounts of group cognitive behavioral therapy over the course of the claim. The applicant has failed to clearly demonstrate any lasting benefit or functional improvement through the same. The applicant is seemingly off of work, from a mental health perspective. The applicant remains highly reliant and highly dependent on psychotropic medication such as Desyrel. All the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite earlier CBT in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.

**Office visit for medical management, once weekly qty 6:** 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): 402; 405.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants often take "weeks" to exert their maximal effect. Thus, weekly psychotropic medication management office visit would be a little or no benefit, as psychotropic medications often take several weeks to take effect. It is further noted that ACOEM Chapter 15, page 405 stipulates that the frequency of followup visits should be dictated by an applicant's severity of symptoms and/or the applicant's work status. In this case, the attending provider has seemingly sought authorization for six weekly office visits without any evidence that the applicant had any recent deterioration in mental health issues which would warrant such a high frequency of follow-up office visits. Therefore, the request is not medically necessary.

