

<b>Case Number:</b>	CM14-0162971		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 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 provided for this independent medical review, this injured worker is a year-old female who reported an industrial accident that occurred on November 27, 2012. Medically, a partial list of some ailments she been diagnosed with (some may not be currently valid) include: cervical and lumbar spine strain/sprain and bilateral knee and ankle sprain/strain. Status post blunt head trauma with loss of consciousness; r/o discogenic disease Prior treatments have included treatment at [REDACTED], physical therapy, conventional medical pain management care, ophthalmology consultation, acupuncture, EMG and nerve conduction studies along with other imaging studies of the body, neurological consultation. A pain psychology consultation was conducted in November 2013 and recommended a course of six individual cognitive behavioral pain psychology sessions with six sessions of biofeedback training. The secondary initial psychological evaluation was conducted January 2014 and recommended twice monthly outpatient psychotherapy and mentioned she was not interested in psychiatric treatment. She was diagnosed at that time with Major Depressive Disorder with cognitive deficits. A treatment progress note from her psychologist dated August 2014 indicates that she was worried and anxious about recent a glaucoma diagnosis and pending results of a brain CT, is making progress in her treatment with increased feelings of self-efficacy and cognitive behavioral skills. She continues to struggle with depression and anxiety primarily associated with her cognitive deficits and visual deficits. She presents with ongoing anxiety, fearfulness, depression, and is emotionally "fragile", fatigue and hazy mentation, difficulty with writing/cognitive slowing and processing complex information. She is "highly motivated in therapy to learn and practice cognitive and behavioral skills designed to increase stress management, coping skills, and understanding and awareness of her deficits." She has been diagnosed with: Major Depressive Disorder, moderate with anxiety, improved. Authorization was approved for five sessions to be

held twice monthly through October 30, 2014. Treatment goals are to increase stress management and coping skills, address feelings of despair, hopelessness, demoralization, reduced depression and anxiety, and assisting in maintaining her ability to work.

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

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

**Psychotherapy twice monthly thru 10/30/2014 (4 sessions): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Cognitive Behavioral Therapy (CBT)

**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 Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update.

**Decision rationale:** According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommend consisting of 3-4 sessions (up to 6 sessions ODG) to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for addition sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. With respect to this injured worker's psychological treatment, there are several issues when considering a request for additional sessions. First, is the treatment medically necessary based on patient symptomology and patient progress in treatment as defined as objective functional improvements; defined as increased activities of daily living, reduced work restrictions (if applicable), and a reduction in dependency on future medical care. With respect to continued injured worker symptomology she does appear to report continued symptomology that is significant enough to warrant continue treatment, however with respect to objective functional improvements there was insufficient documentation of this that meets the above stated definition. The 3rd issue is of session quantity, the total number of sessions that she has had to date was not provided. Session quantity was discussed only in terms of the current authorization without a running total, so only a best estimate could be made. Psychological treatment appears to have occurred February 2014 - September 2014 every other week. This suggest 16 sessions over an 8 months. Because objective functional improvements do not meet the criteria stated above, and because the session duration appears already within the range of maximum allowed, the request for additional sessions is not medically necessary.