

<b>Case Number:</b>	CM14-0169081		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Psychologist, has a subspecialty 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 patient is a 45-year-old male who reported an industrial related injury that occurred on April 17, 2013. It is not clear if there are prior dates of injury because this injury was referred to as "a most recent exacerbation" without further information. According to a treatment providers note the patient heard a loud pop when lifting I have the 89-100 pound wood board from a squatting position and felt instant pain in his back and neck; "his left eye went blurry and left arm went numb." He reports ongoing neck pain that radiates into his triceps, forearm, and bilateral hands with associated symptoms of increased headaches. He reports dropping items from his right hand. He reports ongoing pain in his neck and lumbar and cervical spine. A partial list of his medical diagnoses include: spinal stenosis cervical region; displacement of cervical intervertebral disc; cervical radiculopathy; lumbar spinal stenosis with neurogenic claudication; degenerative lumbar intervertebral disc; displacement of intervertebral disc; lumbar radiculitis. This IMR will focus on his psychological/psychiatric symptomology as it pertains to a treatment request. A request has been made for 10 additional cognitive behavioral therapy sessions for depression, anxiety, and chronic pain secondary to industrial injury to the neck and low back as an outpatient. No documentation was provided for this IMR from the patient's treating psychologist or psychiatrist if there is one. No information about the quantity of prior treatment sessions that he is already received was available. Because no additional psychological-psychiatric documentation was provided, all information considered for this IMR for this request was taken directly from the utilization review denial of treatment. The utilization review rationale for denying treatment stated that "there were no (sic) clinical data submitted, but there was the statement that this individual demonstrates "signs and symptoms that meet DSM-IV-TR criteria for major depression and panic disorder." No treatment history was reviewed. Prior psychological

treatment was not documented. There was no mental status no self-report questionnaires to document conclusions. The conclusions were sharply contradictory... "Referring to angry outbursts and limited functionality but also improvements that include: decreased volatility/explosive anger." Attempts to quantify improvement were not anchored in any observations or evaluations: "increased hope by 60%." The request for additional sessions was not approved, and this IMR will address a request from the treatment provider to overturn that decision.

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

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

#### **10 Additional cognitive behavioral therapy (CBT) for depression, anxiety and chronic pain secondary to an industrial injury to neck and low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400, 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC: Corpus Christi, TX [www.odg-twc.com](http://www.odg-twc.com): Section: (Stress /Mental)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 recommended 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 additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment and recommend 13-20 sessions maximum for most patients who are making progress in their treatment; in some unusually extreme and cases of Major Depression (severe) and/or PTSD up to 50 sessions if progress is being made. With respect to this patient, there was no documentation regarding his psychological condition provided the medical records. The medical chart that was provided for this IMR consisted of approximately 80 pages, all of which were reviewed, and the majority pertained to insurance and authorization issues. There was no psychological/psychiatric diagnosis provided or any information regarding prior treatments that had occurred, no discussion of his current psychological symptoms and how they are responding to treatment. It was unclear whether or not this is the patient's only injury or whether there are other dates of injury as a vague reference was made to two long-standing pain condition without any further details. The utilization review determination which referred to a psychological report that was not included either. Significant documentation must be provided with any request for treatments being considered for independent medical review and without such information and determination cannot be made either way regarding the medical necessity of the request. Due to insufficient information, the medical necessity of this treatment is not verified and therefore the utilization review decision is upheld.

