

<b>Case Number:</b>	CM14-0020049		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Psychiatry and Neurology 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 made available for review, this is a 33-year-old male with a 5/17/12 date of injury. At the time (1/21/14) of the request for authorization for group cognitive behavioral therapy, #6 and monthly sessions of medication management, #6, there is documentation of subjective (increase in pain, increase in anxiety and depression) and objective (mood is depressed and anxious) findings, current diagnoses (major depressive disorder, insomnia related to pain and depression, and chronic pain), and treatment to date (medication and group cognitive behavioral therapy). Regarding group cognitive behavioral therapy, #6, the number of cognitive behavioral therapy sessions completed to date cannot be determined. In addition, there is no documentation of evidence of objective functional improvement with previous sessions. Regarding monthly sessions of medication management, #6, there is no documentation of a rationale identifying why 6 monthly sessions of medical management are necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **GROUP COGNITIVE BEHAVIORAL THERAPY, #6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
BEHAVIORAL INTERVENTIONS Page(s): 23.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, insomnia related to pain and depression, and chronic pain. In addition, there is documentation of previous cognitive behavioral therapy treatments. However, the number of cognitive behavioral therapy sessions completed to date cannot be determined. In addition, there is no documentation of evidence of objective functional improvement with previous sessions. Therefore, based on guidelines and a review of the evidence, the request for group cognitive behavioral therapy, #6 is not medically necessary.

**MONTHLY SESSIONS OF MEDICATION MANAGEMENT, #6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Office Visits.

**Decision rationale:** MTUS does not address the issue. ODG identifies that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker; and that the determination of necessity for an office visit requires individualized case review and assessment, as criteria necessary to support the medical necessity of medication management visits. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, insomnia related to pain and depression, and chronic pain. In addition, there is documentation of the need for individualized case review and assessment. However, there is no documentation of a rationale identifying why 6 monthly sessions of medical management are necessary. Therefore, based on guidelines and a review of the evidence, the request for monthly sessions of medication management, #6 is not medically necessary.