

<b>Case Number:</b>	CM14-0026693		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management, 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 review, this patient is a 56-year-old female who reported an industrial/occupational work related injury on June 30th 2009. The injury occurred during the course of her normal employment with [REDACTED] as a special/regular education teacher. She reported a hostile/stressful work environment. The progress notes suggest the patient has severe depression and anxiety. She has several competing psychological diagnoses including anxiety with panic disorder without agoraphobia; pain disorder associated psychological factors and a general medical condition. She developed multiple musculoskeletal injuries and pain in multiple areas of her body: back (s/p surgery), knees, ankles, wrists, shoulders and neck. There is a chronic pain state and chronic headaches. Also mentioned is hair loss and loss of voice due to overuse at work. She reports daily crying spells, inability to sleep, inability to think straight, and depressed mood. With poor energy, poor libido and difficulty completing activities of daily living because of pain. A competing psychological diagnosis was listed as a mood disorder secondary to general medical condition - industrial related and personality disorder not otherwise specified with mixed features. A request was made for psychotherapy/biofeedback therapy 8 sessions; this request was non-certified. This review will address the request to overturn that treatment denial decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOTHERAPY/BIOFEEDBACK X 8 SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines COGNITIVE BEHAVIORAL THERAPY (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental/Stress chapter, Cognitive behavioral therapy.

**Decision rationale:** The utilization review decision for non-certification was due to insufficiently documented evidence of functional improvement as a result of the psychological treatment that the patient has already received and there was no mention of the total number of sessions to date. Based a comprehensive review of the medical records provided, which consisted of approximately 195 pages, the patient has had approximately 18 sessions to date. The treatment summary or current updated review was not evident of what the patient was experienced in treatment and if there had been progress or functional improvement. The progress notes included only descriptive of the patient's current condition not response to therapy. According to the MTUS guidelines, for cognitive behavioral therapy, an initial trial of 3 to 4 therapy visits should be held over 2 weeks. This is done in order to determine if the patient is showing objective functional improvement and if so a total of up to 6 to 10 visits over five to six weeks can be offered. These guidelines are fairly stringent. Per Official Disability Guidelines (ODG), a maximum of 13 to 20 visits over a 7 to 20 week can be offered if progress is being made. In cases of severe major depression or post-traumatic stress disorder (PTSD), up to 50 sessions are allowed if progress is being made. In this case, the patient has had 18 sessions and is only 2 short of the maximum therapy allowed. The time frame for these 18 sessions is unclear if it does or does not include prior years or was just for last year. While it does appear that the patient has major depression, it has been classified as moderate not severe and it does not appear that she has PTSD which would be another qualifier for having additional sessions. The criteria for severe depression do not appear to be in effect to allow an extension of more sessions. In addition, there's no documentation about what progress has specifically been achieved to date, it is impossible to know if the patient has benefited from the 18 sessions. Finally, the request for 8 more sessions is in excess of both the MTUS and the ODG guidelines recommendations. Therefore, the request is not certified.