

<b>Case Number:</b>	CM14-0031720		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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:

The patient is a 43-year-old female who has submitted a claim for lumbar radiculopathy, cervical radiculopathy, and cervical facet arthropathy; associated with an industrial injury date of 04/25/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of lower back pain radiating to the bilateral anterolateral legs and feet associated with numbness and tingling. Physical examination showed that the patient had an antalgic gait. Tenderness was noted in the cervical facets of C5-C7 and lumbar paraspinal muscles. Facet loading test was positive. Straight leg raise test was positive on the right. Decreased sensation over the right leg was noted. Treatment to date has included medications, epidural steroid injection, and H-wave stimulation. Utilization review, dated 04/16/2014, denied the retrospective request for Urinalysis Drug Screen Including Gas Chromatography/Mass Spectrometry (Gc/Ms), Opiates, Ethyl Alcohol And Creatinine (DOS: 02/27/2014) because the indication for the request was no clear as there was no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion, or possible adulteration attempts.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**psychotherapy sessions - once weekly for 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 (ODG) Mental Illness and Stress Chapter, Topic Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014 Update.

**Decision rationale:** I conducted a careful and comprehensive and thorough review of the patient's medical records as they are provided to me. Although the patient remain psychologically symptomatic, the medical records indicate that he has completed 125 individual psychotherapy sessions to date, although this may be inaccurate because it appears that the sessions were not individual but actually group therapy. According to the MTUS guidelines patients were making progress in treatment can have up to a maximum of 10 sessions; according to the official disability guidelines patients were making progress in treatment may have 13-20 sessions maximum. Some patients who have complex symptomology may be eligible for up to 50 sessions in cases of severe PTSD/major depressive disorder. This patient has by far exceeded the maximum guidelines and although he may remain symptomatic at this time the treatment is extended way beyond what is recommended. In addition the evidence of objective functional improvement as measured by quantitative test scores was not provided and reports that do indicate progress do not establish medical necessity continued treatment under the patient's work comp injury. In addition the patient has had several prior courses of psychological treatment for work comp injury in the past and at this point could be expected to obtain maximum benefit from his treatment. The request for additional sessions is not medically necessary based on exceeding guideline maximum.