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| <b>Case Number:</b>   | CM14-0035226 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 01/13/2006 |
| <b>Decision Date:</b> | 08/05/2014   | <b>UR Denial Date:</b>       | 03/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/21/2014 |

### 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 licensed in Psychologist, and is licensed to practice in Texas. 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 injured worker is a 51-year-old female who reported an injury on 01/13/2006 of unknown mechanism. In the pain evaluation note dated 01/17/2014, the injured worker complained of neck pain that radiates bilaterally to the upper extremities and low back pain that radiates into the right lower extremity, rating the pain a 4 of 10 without medications and 8 of 10 with medications on a 1-10 scale, that increased with activity and walking. The injured worker also complained of limitations in activities of daily living, such as self-care, hygiene, activity, ambulation, and sleep. The physician psychiatric report dated 02/12/2014 reported that the injured worker remained anxious with depression and periods of extreme anger and that, she reported she had not been using marijuana. The physician progress report dated 02/21/2014 stated that the injured worker reported stability in her mood with the current psychotropic medications and the reviewer felt the injured worker's mood was stabilized as indicated by involvement in church and support groups. The injured worker had diagnoses of major depressive disorder, which was moderate; psychological factors effecting medical condition; and insomnia due to pain. She had past treatments of physical therapy, 3 weeks of intensive outpatient program 5 weeks of psychotherapy as well as an approval for an additional 10 weekly sessions, oral medications, manual therapy, ultrasound, transcutaneous electrical nerve stimulation (TENS), and other electrical stimulation. The injured worker stated that the TENS gave her much improvement with activities of daily living after using it for months. Her medications were Norco 10/325 3 times a day and Prozac. The request for authorization form was signed and dated 12/02/2013. There is no rationale for the request for psychotherapy 1 session per week for 20 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weekly psychotherapy -one (1) session per week for twenty (20) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines for Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, OGD cognitive behavioral therapy (CBT) Page(s): 23.

**Decision rationale:** The request for psychotherapy 1 session per week for 20 weeks is not medically necessary. The progress note dated 02/12/2014 indicated the injured worker remained anxious with depression and periods of extreme anger and that, she reported not using marijuana. She had past treatments of physical therapy, 3 weeks of intensive outpatient program 5 weeks of psychotherapy as well as an approval for an additional 10 weekly sessions, oral medications, manual therapy, ultrasound, transcutaneous electrical nerve stimulation (TENS), and other electrical stimulation. The injured worker stated that the TENS gave her much improvement with activities of daily living after using it for months. The California MTUS chronic pain medical treatment guidelines for behavioral interventions and OGD cognitive behavioral therapy (CBT) guidelines for chronic pain suggest screening injured workers with risk factors for delayed recovery, including fear avoidance beliefs with the fear-avoidance beliefs questionnaire (FABQ), that initial therapy for the at risk injured workers should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine, and to consider separate CBT referral after 4 weeks if physical medicine does not work alone with an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement a total of up to 6 to 10 visits over 5 to 6 weeks (individual sessions). The injured worker showed improvement with previous sessions of therapy, physical therapy, and electrical stimulation. She has exceeded number of sessions recommended and there was not enough clinical documentation to support the clinical necessity for continuation of psychotherapy. Therefore, the request for psychotherapy 1 session per week for 20 weeks is not medically necessary.