

<b>Case Number:</b>	CM14-0039838		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/16/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 a licensed 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 54-year-old male who reported an injury on 12/16/2003 due to lifting heavy items. The injured worker reportedly sustained an injury to his low back. The injured worker ultimately developed major depressive disorder and underwent an initial psychological evaluation on 03/03/2014. It was noted that the injured worker experienced feelings of sadness, fatigue, apathy, hopelessness and a decreased sense of pleasure. The injured worker scored a 50 on the Beck Depression Inventory indicating severe depression. The injured worker scored a 49 on the Beck Anxiety Inventory suggesting severe anxiety. Treatment recommendations included 3 to 4 psychotherapy visits. A request was made for 6 initial cognitive behavioral therapy sessions, a follow up with a psychologist times 1, psychotropic medication consultation and group education seminar for 6 sessions and biofeedback for 4 to 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy X 6 Initial Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Behavioral Therapy guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, page(s) 23 Page(s): 23.

**Decision rationale:** The clinical documentation submitted for review does indicate that the injured worker does have severe depressive and anxiety symptoms that would benefit from cognitive behavioral therapy. However, California Medical Treatment Utilization Schedule recommends an initial trial of 3 to 4 visits to establish efficacy of this treatment modality. The requested 6 visits exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested cognitive behavioral therapy times 6 initial sessions is not medically necessary or appropriate.

**Follow up with Psychologist X1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, page(s) 101 Page(s): 101.

**Decision rationale:** The California Medical Treatment Utilization Schedule does recommend psychological evaluations to assist with treatment planning for injured workers at risk for delayed recovery secondary to psychiatric overlay. However, the concurrent request for cognitive behavioral therapy was not authorized. Therefore, a follow up evaluation with a psychologist would also not be indicated in this clinical situation. Additionally, no justification to support the need for an additional visit with a psychologist is necessary beyond what can be provided during cognitive behavioral therapy. As such, the requested follow up with psychologist times 1 is not medically necessary or appropriate.

**Group Education Seminar X 6 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Mental Illness and Stress Group Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, page(s) 23 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Group Therapy.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends behavioral interventions be based on a 3 to 4 session trial. Although Official Disability Guidelines do support the use of group education and therapy the request exceeds the 4 sessions of treatment recommendation to establish efficacy of treatment. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested group education seminar times 6 sessions is not medically necessary or appropriate.

**Biofeedback X 4-6 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Biofeedback therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback, page(s) 24 Page(s): 24.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends the addition of biofeedback therapy after at least 4 weeks of cognitive behavioral therapy. The clinical documentation submitted for review does not provide any evidence that the injured worker has already received cognitive behavioral therapy or the determination that the injured worker would benefit from the adjunctive treatment of biofeedback therapy. As such, the requested biofeedback times 4 to 6 sessions is not medically necessary or appropriate.

**Psychotropic Medication Consultation x 1 session:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 7, page(s) 127.

**Decision rationale:** The clinical documentation submitted for review does not indicate that the injured worker is on any psychotropic medications that require special monitoring. The injured worker is already being seen by a pain management specialist for medication management. Therefore, additional medication consultations would be considered redundant. The American College of Occupational and Environmental Medicine do recommend specialty consultations when the injured worker's condition is complicated by psychiatric overlay. The clinical documentation does support that the injured worker is suffering from major depressive disorder and associated symptoms. However, there is no indication that the injured worker has been prescribed psychotropic medications that require monitoring. As such, the requested psychotropic medication consultation times 1 session is not medically necessary or appropriate.