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| <b>Case Number:</b>   | CM14-0043704 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 02/28/1996 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 03/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/10/2014 |

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and psychological stress reportedly associated with an industrial injury of February 28, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of psychotherapy; muscle relaxants; anticonvulsant medications; psychotropic medications; and earlier lumbar fusion surgery. In a Utilization Review Report dated March 31, 2014, the claims administrator partially certified a request for four bimonthly cognitive behavioral therapy sessions as three total cognitive behavioral therapy sessions, denied a request for four weekly group sessions, and denied a request for one reevaluation session. It was suggested that the applicant had obtained unspecified amounts of psychotherapy and at least 16 prior group education classes. In a medical-legal evaluation dated May 20, 2010, the applicant was described as having issues with chronic pain syndrome, social isolation, depression, panic attacks, and problem gambling. The applicant was given a Global Assessment of Function (GAF) of 58. The applicant was using morphine, tramadol, Zanaflex, Soma, Neurontin, Cymbalta, Desyrel, and meclizine, it was noted. The applicant apparently received psychological counseling at various points in time, including on March 18, 2014, March 25, 2014, and February 25, 2014. The attending provider sought authorization for additional psychotherapy and complained of frequent delays in denial as impacting the applicant's care. On February 11, 2014, the applicant was described as having persistent complaints of low back and neck pain. The applicant was using morphine, Neurontin, Desyrel, Lidoderm, lactulose, Prilosec, AndroGel, Levoxyl, and minocycline, it was noted. The applicant remained depressed and had issues with lack of energy. Multiple medications were renewed. The applicant's disability status was reportedly unchanged. Multiple medications and psychotropic modalities were endorsed at various points in late 2013 and early 2014. On February 19, 2014, the

applicant's psychologist sought authorization for additional cognitive behavioral therapy, group therapy, and other mental health modalities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **4 bimonthly cognitive behavior therapy sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Behavioral interventions, psychologic treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, 400.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 400 does acknowledge that cognitive therapy and cognitive techniques can be problem-focus or emotion-focus and can alter an applicant's ability to alter stress perception, this recommendation is qualified by commentary made on page 405 of the ACOEM Practice Guidelines to the effect that an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. In this case, the applicant has had unspecified amounts of cognitive behavioral therapy over the course of the claim. The applicant has seemingly failed to respond favorably to the same. The applicant remains off of work. The applicant continues to remain highly reliant and highly dependent on various analgesic and psychotropic medications, including morphine, Wellbutrin, meclizine, Desyrel, Neurontin, Lidoderm patches, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite unspecified amounts of psychotherapy and cognitive behavioral therapy over the course of the claim. Therefore, the request for four bimonthly cognitive behavioral therapy sessions is not medically necessary.

#### **4 weekly group education classes: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, education/group therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** Per the claims administrator, the applicant has had extensive prior group therapy, including at least 16 sessions of treatment to date. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the applicant's failure to improve with psychological modalities may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. In this case, the applicant has had fairly extensive group therapy as well as cognitive behavioral therapy. These modalities, however, have not been altogether effective. The applicant seemingly remains off of work. The

applicant remains reliant and dependent on various psychotropic medications, including Desyrel and Wellbutrin. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier group education classes in unspecified amounts. Therefore, the request is not medically necessary.

**1 re-evaluation session:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** The request in question appears to represent a request to obtain a followup evaluation/ reevaluation with the applicant's psychologist. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 398, applicants with more serious mental health issues may need a referral to a psychiatrist for medicine therapy. In this case, the applicant has already had unspecified amounts of cognitive behavioral therapy, psychological counseling, and group counseling, all of which have been proven ineffective. The applicant remains off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including analgesic and psychotropic medications. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier psychological treatment in unspecified amounts. Therefore, a reevaluation with the applicant's psychologist is not indicated. Accordingly, the request is not medically necessary.