

<b>Case Number:</b>	CM14-0077401		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/16/2003
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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:

According to the records provided for this independent medical review, this patient is a 54-year-old male who reported an industrial/occupational related injury on December 16, 2003. The injury reportedly occurred during his usual and customary work duties for the [REDACTED] as a custodian when he was carrying numerous loads of what linen that weighed approximately 50 pounds and injured his lower back. He reports continued and sustained and chronic low back and leg pain as a result of his work injury. In a March 3, 2014 psychological evaluation the patient in order that he is not had any prior psychological or psychiatric treatment. A subsequent follow-up psychological report from April 28, 2014 indicates alternative diagnosis of: Major Depression, Single Episode, Moderate; Alcohol Abuse; and Rule out Cognitive Disorder. This same report includes a request for additional cognitive behavioral therapy sessions. No progress notes were provided for prior treatment sessions. He reports symptoms of depression that include sadness, fatigue, apathy, hopelessness, loss of pleasure in activities that used to cause pleasure, feelings of emptiness, appetite change and crying episodes. He has been diagnosed with the following mental disorders: Major Depression, Single Episode, Moderate; Anxiety Disorder, NOS; Sleep Disorder Due To a Medical Condition; Opiate Dependence (Industrial Related). A request was made for follow-up six sessions with a Psychologist. The request was non-certified. Utilization review rationale for the non-certification was stated as being that the patient has already been authorized for six sessions of cognitive behavioral therapy, which constitutes follow-up the need for additional six sessions is not consistent with treatment guidelines. This independent medical review will address a request to overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up x 6 with the psychologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy, Pages 23-24 Page(s): 23-24.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014 Update.

**Decision rationale:** There are three problems with this request as it was provided to me. First, I agree with the utilization review finding that there is no explanation provided as to why 6 sessions of follow-up visits with a psychologist would differ from the six sessions of cognitive behavioral therapy that were authorized. The cognitive behavioral therapy sessions should be the time when the psychologist meets with the patient individually and discusses with him his case and covers all the topics that would be covered in these follow-up visits. If additional cognitive behavioral therapy sessions were being requested than it should've been stated as such and would need to include the following information: the total number of sessions that have been already provided previously, and most importantly the patient's objective functional improvements that were made in response to any prior sessions. It does appear that this is a request for additional sessions but it is worded incorrectly. It is not clear if this is actually for cognitive behavioral therapy or for a separate follow-up. Continued authorization of additional treatment sessions is contingent primarily on the patient demonstrating functional improvements in the activities of daily living and not based solely on symptomology patients must be improving as a result of their treatment. There was no documentation regarding prior treatment sessions and how they've affected him in a quantitative manner that demonstrates functional improvement. In fact I was unable to find any indication of the impact of prior sessions on the patient whatsoever. Another significant problem with this request is that the total number of prior sessions is not provided. I'm not able to tell if he is within the guidelines are not. The guidelines state specifically for patients who are making progress after an initial trial of treatment may have up to an additional 13-20 sessions maximum. Some patients who have severe psychological symptoms may qualify for additional sessions to 50 but based on his diagnosis does not appear that he would qualify. Without knowing how many sessions that he has had, additional sessions cannot be offered because it's impossible to tell whether the six new sessions being requested fall within those guidelines. That said, it does appear that the patient is having significant psychological symptoms that are well documented and would possibly meet the criteria for medical necessity for these other issues that are clarified. Due to insufficient information supporting the medical necessity of this request and addressing the above mentioned issues the request to overturn the non-certification is not approved. This decision is not based on the patient's need, or lack thereof, only that it is nonconforming with treatment request protocol to support it. Therefore, this decision is not medically necessary.