

<b>Case Number:</b>	CM15-0004208		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Psychologist

### 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 40 year old male, who sustained an industrial injury on August 1, 2012. He has reported low back and right foot pain. The diagnoses have included adjustment disorder with mixed anxiety, depressed mood and pain disorder with both psychological factors and general, post-traumatic stress disorder, chronic intractable back pain, degenerative disc disease and disc herniations of the lumbar spine, bilateral lower extremities radiculitis, neuropathic pain, and cervical radiculitis of the left upper extremity. Treatment to date has included diagnostic studies, work modifications, psychotherapy, and pain, non-steroidal anti-inflammatory, and antidepressant medications. Currently, the injured worker complains of problems working with his present restrictions, significant pain in the shoulders and arms. On November 14, 2014, the treating physician reported sharp neck pain with numbness and tingling in the left upper extremity, greater on the right. The cervical spine exam revealed a positive Spurling's test, normal strength of bilateral upper extremities, decreased sensation of the cervical 6 nerve root distribution, normal range of motion, pain with extension and bilateral bend to the right and left and normal reflexes. The lumbar spine exam revealed a normal gait, paralumbar musculature tenderness and muscle spasms, unable to walk on tiptoes and heels, normal reflexes, mildly decreased range of motion, positive straight leg raise, and decreased sensation over the lumbar 4, lumbar 5, and sacral 1 nerve root distributions. There was tenderness over the left hip's greater trochanteric bursa, no pain with internal rotation, and normal range of motion and motor strength. On December 29, 2014 Utilization Review non-certified a request for 3 visits (once a week for 3 weeks) of cognitive therapy, noting the lack of documentation of an initial trial of 2-3

psychotherapy sessions with results presented to assess with evidence of objective functional improvement. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) were cited.

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

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

**Cognitive Therapy 1xWk x 3Wks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines. Page(s): 23-24. Decision based on Non-MTUS Citation ODG Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines.

**Decision rationale:** According to a primary treating physician progress note, December 5, 2014, from the patient's physician, the patient is currently seeing a psychologist and is in group therapy. He also reports that he is not received cognitive behavioral therapy in the past (the assumption being that he is referring to individual treatment). He is noted have severe depression and the treating physician is trying have him referred to a practitioner will give him individual cognitive behavioral therapy. A comprehensive psychological evaluation was completed on September 29, 2014. He is diagnosed with the following psychological disorder: Adjustment Disorder with Mixed Anxiety and Depressed Mood; Pain Disorder Associated with Psychological Factors and a General Medical Condition. A prior request was made for 12 sessions of group cognitive behavioral therapy, however no additional progress notes were provided with this review and was not possible to determine how many of the sessions were approved and if there was patient benefit as a result. There is a degree of confusion with this request that made it impossible to sort out what is exactly being requested. The patient has had a comprehensive psychological examination and been diagnosed with a psychological disorder. A treatment request was made for 12 sessions of group cognitive behavioral therapy. It is unclear but it appears if he completed some or all of the 12 sessions as no treatment progress notes were provided. There is an indication in the treatment progress notes that he is trying to perhaps change providers to a different provider who would allow for individual rather than group cognitive behavioral therapy. It is not clear if this current request is for individual cognitive behavioral therapy or for 3 more sessions of group cognitive behavioral therapy. No treatment progress notes were provided the prior course of treatment that would establish patient benefit. According to the MTUS/official disability guidelines an initial brief course of treatment consisting of 3 to 4 sessions (MTUS) or up to 6 sessions (ODG) is required. Because the nature of the request is unclear and because there is no documentation from an initial brief treatment trial that demonstrates patient benefit/objective functional improvement, the medical necessity of this request for 3 additional sessions cannot be established. If the patient completed 12 sessions then an additional course of 3 sessions might be medically appropriate pending documentation of patient outcome from those prior sessions as the Treatment guidelines suggested a course of

treatment consisting of 13-20 sessions maximum for most patients. Additional sessions can be offered in cases where there is Severe Major depression/PTSD up to a maximum of 50 with documentation of patient improvement and benefit. The medical necessity of this request was not established due to insufficient information and documentation of prior sessions and not patient symptomology. Because medical necessity was not established the utilization review determination for non-certification is upheld.