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| <b>Case Number:</b>   | CM15-0148783 |                              |            |
| <b>Date Assigned:</b> | 08/12/2015   | <b>Date of Injury:</b>       | 05/02/2014 |
| <b>Decision Date:</b> | 09/15/2015   | <b>UR Denial Date:</b>       | 06/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/31/2015 |

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 49-year-old male who sustained an industrial injury on 05-02-14. He reported multiple injuries including head injury status post motor vehicle accident. Prior treatments included multiple surgeries, physical therapy, and symptomatic medication management. The injured worker is diagnosed with posttraumatic stress disorder with depressive symptoms. Diagnostic testing and treatment to date has included laboratory evaluations, psychological evaluation, psychotherapy, and pain medication management. Currently, the injured worker reports of ongoing psychological injury secondary to the traumatic nature of his work-related injury with wide-ranging sequelae including chronic pain, surgeries, and physical impairment. In a progress note dated 06-05-15, the treating physician reports the injured worker's affect was somewhat restricted, with depressed mood and anxious. He complains of insomnia and nightmares. He is on no psychotropic medication. Requested treatments include 12 weekly cognitive behavioral therapy sessions, and psychopharmacology evaluation and follow up x 3. The injured worker is under temporary total disability. Date of Utilization Review: 06-30-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 weekly cognitive behavioral therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness. Topic: Cognitive therapy for depression.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The injured worker suffered from head injury and multiple other physical injuries status post the industrial injury i.e a motor vehicle accident. He also developed symptoms of depression and anxiety secondary to the debilitating and chronic nature of the sequela of the same. He is being treated for mild to moderate levels of depression and anxiety with medications including Fluoxetine and Zolpidem. He is a good candidate for an initial trial of psychotherapy, however the request for 12 weekly cognitive behavioral therapy sessions exceeds the guideline recommendations of an initial trial and thus is not medically necessary at this time.

**Psychopharmacology evaluation and follow up x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/ Office visits.

**Decision rationale:** ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities." ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a healthcare provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The injured worker suffered from head injury and multiple other physical injuries status post the industrial injury i.e a motor vehicle accident. He also developed symptoms of depression and anxiety secondary to the debilitating and chronic nature of the sequela of the same. He is being treated for mild to moderate levels of depression and anxiety with medications including Fluoxetine and Zolpidem, which are being prescribed by the primary treating provider. The

request for Psychopharmacology evaluation and follow up x 3 is excessive and not medically necessary as the injured worker is a good candidate for an initial evaluation with a Psychiatrist for further treatment of the psychiatric symptoms secondary to industrial trauma. However, the clinical need for further office visits can be based only on the recommendations of the consulting Psychiatrist.