

<b>Case Number:</b>	CM15-0163883		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 female who sustained an injury on 10-5-12 resulting from cumulative trauma between 10-5-11 - 10-5-12 affecting her wrists, hands, arms, shoulders, neck, headaches, sleep disorder, psyche and blood pressures. On 6-29-15, the psyche examination reports the IW admits to improvement in mood and fair appetite; good sleep on 100 mg of Trazodone and slightly increased energy, self-esteem and concentration. Diagnoses include Major depressive disorder, single episode, severe without psychotic features; Cluster B personality disorder features; Sleep apnea, hypothyroidism, hypertension; Physical injury, disability; and financial hardship. The primary treating physician psych report from 7-23-15 documents the IW mood is slightly worsened and reports a series of stressful events in the past month and despite these events, she states that "things are going to get better; denies episodic suicidal ideations; and reports a strong support structure. She is decreasing taking Trazadone 100 mg to 50 mg a few times a week; good sleep with taking the prescribed dosage of 100mg; slighted decreased energy; self-esteem and concentration. No side effects to taking Trazodone and Effexor are reported; symptoms of depression; anhedonia; attention; irritability and anger; hopelessness and derealization are noted to be the same intensity. The objective mental examination reveals thought process is linear intermittently circumstantial; thought content is no delusion, no paranoid ideation, no obsessive, intrusive thoughts; no current suicidal ideation; fair attention and concentration without major difficulties in following the line of the interview. Medications include Meloxicam, Zyrtec, Zantac, Levothyroxine, Lisinopril, and HCTZ. The treatment plan is group psychoeducation for anxiety and insomnia. Current requested treatments 18 Group cognitive behavioral therapy sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **18 Group CBT Sessions Weekly: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**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). Upon review of the submitted documentation, it is gathered that the injured worker has been authorized for at least 18 psychotherapy sessions. It is unclear as to how many have been completed so far and there is no mention of "objective functional improvement". The injured worker has already exceeded the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Thus, the request for 18 Group CBT Sessions Weekly is not medically necessary at this time.