

Case Number:	CM15-0042000		
Date Assigned:	03/12/2015	Date of Injury:	09/07/2012
Decision Date:	04/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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(n) 45 year old female, who sustained an industrial injury on 9/7/12. She reported depression and insomnia related to stress. The injured worker was diagnosed as having major depressive disorder, anxiety and insomnia. Treatment to date has included cognitive behavioral therapy and anti-depressants. As of the PR2 dated 2/5/15, the injured worker reports mood and sleep is slightly better after restarting medications, but is still having low energy levels and poor appetite. The treating physician is requesting to continue anti-depressants and cognitive behavioral therapy for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued individual cognitive behavioral therapy for anxiety and better stress tolerance:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, cognitive behavioral therapy (CBT); Psychotherapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The patient presents with poor appetite, low energy level, increased irritability, depression and anhedonia. The current request is for continued individual cognitive behavioral therapy for anxiety and better stress tolerance. The Utilization Review denial is dated 2/23/15 and the rationale for the denial indicated that the ODG guidelines did not support continued treatment that was not efficacious. The treating physician report dated 12/18/14 states, "She continues individual psychotherapy for anxiety but stats that is has not been helping with increasing depression. Treatment plan: Continue individual behavioral therapy for anxiety and better stress tolerance. A six-week course of group cognitive behavioral therapy for insomnia is recommended. Please authorize 6 sessions." According to the MTUS, cognitive behavioral therapy is 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." MTUS goes on to state, "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." In this case, the treating physician has recommended that the patient continue with cognitive behavioral therapy for an unknown number of sessions. The treating physician stated that prior CBT was not helping her. The MTUS on page 8 states, "Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." The current request is not medically necessary and the recommendation is for denial.

Six week course of group cognitive behavioral therapy for insomnia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, cognitive behavioral therapy (CBT); Psychotherapy guidelines; group therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The patient presents with poor appetite, low energy level, increased irritability, depression and anhedonia. The current request is for a six-week course of group cognitive behavioral therapy for insomnia. The Utilization Review denial is dated 2/23/15 and the rationale for the denial indicated that the ODG guidelines did not support continued treatment that was not efficacious. The treating physician report dated 12/18/14 states, "She continues individual psychotherapy for anxiety but stats that is has not been helping with increasing depression. Treatment plan: Continue individual behavioral therapy for anxiety and better stress tolerance. A six-week course of group cognitive behavioral therapy for insomnia is recommended. Please authorize 6 sessions." According to the MTUS, cognitive behavioral therapy is 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." MTUS goes on to state, "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." In this case, the treating physician has recommended that the patient continue with cognitive behavioral therapy for 6 sessions. The treating physician stated that prior CBT was not helping her. The MTUS on page 8 states, "Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." There is no documentation in the medical reports provided indicating that this type of therapy has provided benefit in the past and there is no documentation of the prior number of previously completed sessions to determine if the total number of requested sessions is within the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.