

<b>Case Number:</b>	CM14-0140819		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2014

### 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 licensed in Clinical 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 that were provided for this independent review, this patient is a 44-year-old female who reported an industrial accident that occurred on August 19, 2012. The injury occurred during her normal work duties as a machine operator when she was pushing a rack loaded with trays full of heavy 25 pound blocks of cheese and one fell off the rack, hitting her hands. As a result she fell to the floor landing on her hands and knees and reported immediate pain to her neck, shoulders, wrists, hands, upper and lower back, and knees. There is an ACL (anterior cruciate ligament) tear in her left knee. As a result of the injury she's been unable to exercise on her own due to weakness in the lower extremities and has difficulty with daily activities such as sitting, standing, walking, stair climbing. And ACL repair surgery and weight loss program were requested but denied. By March 2014 additional diagnoses of: Depressive Disorder and Anxiety Disorder Not Otherwise Specified were added. She has been diagnosed medically with: "Knee Tend/Burs; Cervical Radiculopathy, Thoracic or Lumbosacral and Brachial Neuritis or Radiculitis Not Otherwise Specified, and Pain Disorder Associated with Both Psychological Factors and a General Medical Condition." Her primary pain complaints involve back pain radiating into the bilateral lower extremity, and bilateral knee pain. A permanent and stationary report by the primary treating physician from April 2014 mentioned that the patient had engaged in conservative treatment and that authorization for surgery was not approved and that she has been seen by a psychologist, but no further details regarding the psychological treatment were provided. A second report from April 2014 mentions that the patient developed stress and depression due to ongoing pain and inability to engaging usual activity and was referred to a psychologist and a psychiatrist who is describing her present antidepressant and the sleep medicine which he has now been taking four year. There was no further information discussing the psychological or psychiatric treatment that she has received. A

progress note from June 2014 mentions her pain has increased and she is also depressed. A psychological treatment progress note was found from the primary treating psychologist date March 2014. The note states the patient reports anger, depressed mood, isolation from others. Objective report states the patient's affect his normal and BAI (Becks Anxiety Index) 51 and BDI (Becks Depression Index) 36. Diagnosis pain disorder associated with both psychological factors and a general medical condition; anxiety disorder NOS (not otherwise specified); depressive disorder NOS. Treatment plan: authorization requested for four sessions of cognitive behavioral therapy and relaxation training sessions. A second progress note was found from April 2014 and states the patient reports depression with anxiety but is feeling more relaxed and has been walking 15 minutes daily. There was no indication on either of these progress notes of how many sessions the patient is had to date, nor was there any indication of specific treatment goals being worked on, nor was there any mention or evidence of objective functional improvements that have been achieved from prior sessions.

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

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

**Six (6) sessions of cognitive behavioral therapy and relaxation training: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

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

**Decision rationale:** According to the MTUS treatment guidelines psychological treatment is recommended for appropriately identify patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD (post-traumatic stress disorder). The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain than ongoing medication or therapy which could lead to psychological or physical dependence. With evidence of objective functional improvement an initial treatment trial is recommend consisting of 3-4 sessions to determine if the patient responds with objective functional improvements. Guidance for addition sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines recommend 13-20 sessions maximum for most patients; in some unusually complex and severe cases of Major Depression (severe intensity) or PTSD up to 50 sessions if progress is being made. With respect to this patient's treatment, the psychological and psychiatric progress notes that were submitted were insufficient in demonstrating the medical necessity of additional treatment sessions. While there was documentation that the patient has been struggling with depression and anxiety, there was no evidence that she has, or has not

benefited from prior psychological sessions based on the brief and few psychological notes that were provided. There was insufficient detail/discussion of her current symptomology, the total number of sessions at the patient is already been provided, there were no treatment goals specified with dates of expected accomplishment, there is no evidence of achieving treatment goals from past sessions, in general it was not possible to determine if the patient is benefiting in a significant way from her treatment. Continued psychological treatment is contingent not only upon psychological symptomology but also objective functional improvements being derived from the treatment. The term objective functional improvements is typically reflected in increased activities of daily living, reductions in work restrictions if applicable, and a reduction in dependency on future medical care. The only objective functional improvement that was mentioned was that she is feeling more relaxed because she has been walking 15 minutes a day. By itself this does not meet the threshold, and because medical necessity of this request was not established the request to overturn the utilization review original decision of non-certification is not approved.