

<b>Case Number:</b>	CM14-0168516		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Board Certified 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 provided for this IMR, this patient is a 50 year old female who reported in industrial/occupational injury that occurred on July 23, 2012. The repetitive motion injury reportedly occurred during her work as a home care assistance provider/coordinator. This is also an injury related to a MVA (motor vehicle accident). She notes that she started to experience pain in her neck and back in July 2011 and was referred for 10 sessions of physical therapy that helped temporarily, but in April 2012 she reported that the pain had returned and that the neck pain was radiating to both of her shoulders and she had back pain. There is numbness in her right hand. She reports constant pain in the low back sometimes radiating bilaterally to the legs with difficulty standing walking and stooping; the pain in her neck and bilateral shoulders is more intermittent. She reports having trouble with activities of daily living such as cooking and cleaning and sleep is interrupted with delayed onset. Psychological issues are reported as: "stressed about family matters." Injured worker requests Ativan." In September 2012 a doctor's first report of occupational injury states patient "has subjective complaints of headache, depression, stress, difficulty sleeping and difficulty with activities of daily living." A partial list of the patient's medical diagnoses include: bilateral carpal tunnel syndrome ulnar neuropathy; bilateral shoulder, cervical strain with mild Discogenic disease; lumbar radiculopathy mild diffuse Discogenic disease. A comprehensive psychological evaluation, including extensive psychological testing and assessment, was provided on April 16, 2013 that discussed symptoms of suicidal ideation without plan or intention, sadness, fatigue, low self-esteem, loss of pleasure in participating in usual activities, social avoidance, lack of motivation, lack of interest in sex, sleep disturbance, appetite changes, feelings of emptiness, and crying spells. Her anxiety symptoms include: insecurity, health worries, ruminations, recurrent thoughts about the accident, nightmares and fears related to the accident, feelings of panic and symptoms of physical

trembling, shortness of breath, excessive perspiration, she's been diagnosed with the following psychological diagnoses: Major Depression, Single Episode, Moderate; Generalized Anxiety Disorder; Sleep Disorder Due To Medical Condition; Sexual Dysfunction; Pain Disorder. Cognitive behavioral therapy and biofeedback was requested. A request was made for a cognitive behavioral therapy evaluation, and it was not certified, the rationale provided was stated as: "insufficient clinical information provided... No clear rationale provided and the patient's symptoms are not reported." This IMR will address a request to overturn that decision.

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

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

**Cognitive behavioral therapy evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation. Decision based on Non-MTUS Citation "Psychological tests commonly used in the assessment of chronic pain patients" from the Colorado Division of Workers' Compensation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation Page(s): 100-101.

**Decision rationale:** The MTUS guidelines are nonspecific for cognitive behavioral therapy evaluation, but do discuss psychological evaluations more generally. According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. There is an existing lengthy and comprehensive psychological evaluation from April 2013 that was included in the medical records provided. This evaluation was detailed and adequately addressed her psychological conditions at that time and included several psychometric assessment measures. No rationale was provided why a repeat psychological evaluation was provided. It is not clear if this requested cognitive behavioral therapy evaluation is something different than the psychological evaluation that was performed in 2013. It is unclear whether or not the requested treatment that was made in 2013 was ever provided. No treatment progress notes were included and no further mention of her psychological care was provided. There was more than sufficient documentation, although not current, of psychological symptomology that would warrant an evaluation had not a prior one already been conducted. The request for a cognitive behavioral therapy evaluation is not supported with sufficient documentation or discussion of the rationale to support the requested procedure as medically necessary. The original utilization review decision is upheld. Therefore, this request is not medically necessary.