

<b>Case Number:</b>	CM14-0180180		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 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 as they are provided for this IMR, this patient is a 45 year old female who reported a work-related injury that occurred on February 26, 2013 during the course of her employment as a manufacturer associate/assembler. The injury occurred while she was performing her usual work duties and her work stool collapsed, 8 times in one hour, resulting in lumbar sprain, contusion of the coccyx and coccygeal fracture. She reports, constant low back pain radiating down left lower extremity; low back pain radiating to mid back between shoulder blade intermittent and right-hand/right upper extremity tingling, numbness without pain. This IMR will address the patient's psychological symptomology as it pertains to the current requested treatment. The patient has been diagnosed with the following: Major Depressive Disorder, Single Episode; Generalized Anxiety Disorder; Female Hypoactive Sexual Desire Disorder; Insomnia; Psychological Factors Affecting a General Medical Condition (high blood pressure and headache). The patient reports the following symptoms: "sad, hopeless/helpless, irritable, less energy, social isolation, appetite and weight changes, lack of sexual desire, self-critical, pessimistic, conflict with others, aggression, sensitive/emotional, nervousness, difficulty concentrating, tense, flashbacks, nightmares/distressing dreams, sleep difficulties, G.I. disturbance, headache, stomach ache and pain, chronic pain and hypertension." According to a doctor's first report from October 2014 cognitive behavioral therapy is requested to decrease the frequency and intensity of the patient's depressive and anxious symptomology, anger and irritability, increasing social interactions, motivation and hopefulness, improve duration and quality of sleep, reduce the frequency and intensity of patients flashbacks, intrusive recollections and distressing dreams. Additional treatment goals were mentioned without specific dates of expected or anticipated completion. A request was made for cognitive behavioral group psychotherapy sessions one time a week for 12 weeks, the request was non-certified without

modification. The utilization review rationale for non-certification was stated that there was no psychological evaluation conducted patient and she was not established as a "properly identified patient" per MTUS. 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 Group Psychotherapy 1 x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2, 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, November 2014 Update

**Decision rationale:** According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. This request for 12 sessions of cognitive behavioral therapy does not conform to the MTUS/ODG treatment guidelines stated above. The request for 12 sessions exceeds the recommended quantity and ignores proper protocol. It is the equivalent of 3 months of treatment in contrast to the suggested 3 to 4 weeks. Both the MTUS and the ODG recommend an initial treatment consisting of 3 to 4 sessions to ensure that the patient responds with functional improvements. This request for 12 sessions exceeds the total maximum suggested for MTUS for the entire course of treatment and comes close to the maximum recommended for the ODG without any process of ongoing assessment of medical necessity. Because the request does not follow the procedure for an initial brief treatment trial it does not conform to current MTUS/ODG guidelines and the medical necessity was not been established for 12 sessions. Therefore, the request is not medically necessary.