

<b>Case Number:</b>	CM14-0184445		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 provided for this IMR, this patient is a 49 year old male who reported an industrial injury that occurred on September 27, 2013 during the course of his employment as a network engineer for [REDACTED]. The injury reportedly occurred while he was walking up stairs caring a 65 pound printer, as he attempted to put the printer down on a table he experienced sudden back pain. Due to the pain, he ended up going down to the floor on both knees at the same time hitting his abdomen on a table. He was transported by ambulance to a hospital. A partial list of his medical diagnoses includes: thoracic spine sprain/strain with evidence of radiculopathy; degenerative disc disease of the lumbar spine. He reports low back and neck pain and occasional numbness and tingling in the bilateral extremities. This IMR will focus on his psychological symptomology as it pertains to the requested treatment modality. He reports occasional difficulty with sexual function, ongoing sleep difficulty and symptoms of depression and anxiety. Depressive symptoms include reports of feeling unhappy, dysphoric, depressed mood, and weight loss. A psychological evaluation was conducted in August 2014, and the patient was diagnosed with the following psychological conditions: Major Depression Disorder, Single Episode, Moderate and Generalized Anxiety Disorder. A request was made for 12 sessions of psychotherapy to be held one time per week, utilization review the request was noncertified by utilization review offered a modification to allow for 4 sessions as an initial treatment trial. 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:

**Twelve Sessions of Group Psychotherapy, once a week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, cognitive behavioral therapy Page(s): 23-24.

**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 measureable/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. Per available medical records provided, this appears to be an initial treatment request. The quantity of sessions requested, twelve, does not conform to the above stated MTUS treatment guidelines. Initial courses of psychological treatment should be started with a brief treatment trial to determine whether or not the patient responds adequately to it. An initial block of 3 to 4 sessions is recommended for most patients. In this case the patient has had several treatment modalities including physical therapy and epidural steroid injections that have not resulted in benefits and is experiencing delayed recovery. The request for psychological treatment is medically appropriate, however the quantity requested is not. The utilization review correctly provided a modification to allow for 4 sessions. An initial treatment trial needs to be conducted and evidence of objective functional improvement documented, if any, before additional treatment sessions can be offered, if medically necessary. Because the requested treatment is non-conforming with this recommended protocol, medical necessity was not established. Therefore, the requested Twelve Sessions of Group Psychotherapy are not medically necessary.