

<b>Case Number:</b>	CM14-0214806		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/10/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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

Certification(s)/Specialty: Psychologist

### 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 provided medical records, this patient is a 40 years 11 month old male who reported a industrial related injury that occurred on August 10, 2013 during the course of his employment as an installer of mable. On the date of injury he was moving 25 pound bags of grout when he heard something crack in his low back with immediate onset of pain. He reports constant LBP that radiates to his bilateral lower extremities. Prior treatments have included physical therapy, medication, MRI, and one epidural injection. This IMR will address the patient's psyche as it relates to the current requested treatment. He had a comprehensive psychological evaluation on October 16, 2014. He reports anxiety and depression. The depression is related to his realization of not being able to recover as quickly physically as he had hoped. He reports his depression to be an 8 on a scale of 1 to 10. He has had suicidal thoughts but has not contemplated methodology or made an attempt to harm himself. He reports anxiety 3 to 4 days a week and has trouble sleeping 4 to 5 times a week. He reports decreased libido, concentration and memory. He reports decreased libido, concentration and memory. A course of psychological treatment consisting of 12 individual cognitive behavioral psychotherapy sessions was recommended to focus on improving his mood and reducing his anxiety and promoting restorative sleep via behavioral interventions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 outpatient 1-on-1 cognitive behavioral therapy sessions for adjustment disorder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Cognitive Behavioral Therapy, Psychotherapy guidelines Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines; Mental Illness and Stress Chapter, Cognitive Behavioral Therapy, Psychotherapy Guidelines (December 2014 update.)

**Decision rationale:** According to the MTUS treatment guidelines for cognitive behavioral psychological treatment, an initial set of 3 to 4 sessions is required to determine whether or not the patient benefits from treatment. Additional sessions are contingent upon documentation of patient benefit and objective functional improvement as a direct result of treatment. According to the official disability guidelines, most patients may receive a course of psychological treatment consisting of 13-20 sessions maximum if progress is being made. In some cases of severe major depression or PTSD additional sessions may be offered up to a total maximum of 50. With regards to the request for 12 sessions of cognitive behavioral therapy for this patient, the medical necessity of the request was not established due to insufficient documentation of prior psychological treatment or that the request exceeds treatment protocol guidelines as mentioned above. It was unclear, after a careful review of over 175 pages of medical records, whether or not this patient has received any psychological treatment. There was one documentation of a psychological evaluation that was conducted in October 2014. At that time 12 sessions were recommended. According to that document, the patient was appropriately identified for psychological treatment based on significant psychological symptomology and appeared to be a good candidate for it. However in the subsequent months it is unclear whether or not those sessions were ever received. It is unclear whether or not this current request for 12 treatment sessions is in fact that initial treatment request or if it is in addition to that that request. No additional psychological treatment progress notes were found in the medical records to clarify this issue. If in fact this is the same initial treatment request and was never authorized or provided to the patient then the quantity of sessions requested exceeds the treatment protocol which requires an initial block of 3 to 4 sessions to be conducted as a treatment trial with additional sessions contingent upon the outcome of those sessions. If this is a request for additional sessions following the completion of an initial treatment trial then there is no documentation of patient benefit based on prior sessions. Thus, either the request is exceeding guidelines or protocol for an initial treatment trial or it is not supported by documented objective functional improvement as a result of prior treatment. In either case the request is not supported as being medically necessary on this basis. Because the medical necessity of this request as stated was not supported as medically necessary by the documentation that was provided, the utilization review determination for non-certification is upheld.