

Case Number:	CM15-0122035		
Date Assigned:	07/06/2015	Date of Injury:	05/13/2014
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/24/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 33-year-old who has filed a claim for major depressive disorder (MDD) and generalized anxiety disorder (GAD) reportedly associated with an industrial injury of May 13, 2014. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve requests for psychotherapy, psychological testing, and 12 sessions of cognitive behavioral therapy. Non-MTUS ODG guidelines were referenced in multiple instances. The claims administrator referenced a May 28, 2015 office visit and associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On a May 28, 2015 office visit, the applicant reported ongoing complaints of low back pain, neck pain, elbow pain, and wrist pain with derivative complaints of depression and anxiety. The applicant reported issues with anxiety, crying spells, tearfulness, and poor concentration. The applicant's insomnia had reportedly improved, it was suggested. The applicant had received earlier unspecified amounts of cognitive behavioral training, the attending provider stated, which the attending provider claimed were beneficial. The applicant did have issues with bruxism, it was reported. The applicant's depression was under partial control, the treating provider reported. Other section of the note stated that the applicant was still having issues with interrupted sleep. Issues with anxiety, depression, and fear-avoidance behavior persisted, the treating provider reported. The applicant was placed off of work, on total temporary disability, it was acknowledged at the bottom of the report. The applicant's complete medication list was not clearly stated, although it was suggested that the applicant was using Topamax and Cymbalta. The applicant was placed off of work via an earlier note dated February 10, 2015 and

once again, asked to continue unspecified psychotropic and analgesic medications. The applicant was again described as using Topamax and Cymbalta as of that point in time. It was stated that the applicant's ability to perform activities of daily living as basic as laundry, cooking, and bending remained problematic.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Behavioral interventions (CBT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400; 405, Chronic Pain Treatment Guidelines.

Decision rationale: No, the request for four sessions of psychotherapy was not medically necessary, medically appropriate, or indicated here. The attending provider acknowledged on his May 28, 2015 progress note that the request in question represented a renewal or extension request for psychotherapy. While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that behavioral interventions such as psychotherapy are recommended, page 23 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this position by noting that a total of six to ten sessions of psychotherapy/cognitive behavioral therapy should be delivered over five to six weeks in applicants who demonstrate objective evidence of functional improvement. In a similar vein, while page 400 of the ACOEM Practice Guidelines notes that cognitive therapy can be problem-focused or emotion-focused, this recommendation is likewise qualified by commentary made on page 405 of the ACOEM Practice Guidelines to the effect that an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. Here, earlier psychotherapy had, in fact, proven ineffectual in terms of the functional improvement parameters established in MTUS 9792.20e. The applicant remained off of work, on total temporary disability, as of the date additional psychotherapy was sought, on May 28, 2015. The applicant continued to remain dependent on psychotropic medications, including Cymbalta, it was reported on that date. The applicant continued to report difficulty performing activities of daily living as basic as doing laundry, cooking, and cleaning, it was acknowledged on May 28, 2015. The applicant continued to report issues with insomnia, tearfulness, and crying spells, it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of psychotherapy over the course of the claim. Therefore, the request for four additional sessions of psychotherapy was not medically necessary.

Psychological trial testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Pain, Behavioral interventions; Mental Illness and Stress Chapter, Cognitive therapy for depression; Pain, Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: Similarly, the request for psychological testing was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 397, one should avoid the temptation to perform exhausted psychological testing to include the entire differential diagnosis of an applicant as such tests are "generally unrewarding." Rather, ACOEM notes that psychological testing is most useful in assessing functional status or determining workplace accommodations in applicants with stable cognitive deficits. Here, the applicant remained off of work, on total temporary disability, as of the date of the request, May 28, 2015. The applicant continued to report issues with tearfulness, depression, anxiety, difficulty concentrating, etc., on that date. It did not appear that the applicant had a job to return to. It did not appear that the applicant's cognitive deficits were in fact stable. It was not clearly established, in short, why psychological testing was being sought in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.

12 sessions of cognitive behavioral training: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Behavioral interventions; Mental Illness and Stress Chapter, Cognitive therapy for depression; Pain, Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400; 405, Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: Finally, the request for 12 sessions of cognitive behavioral training (AKA cognitive behavioral therapy) was likewise not medically necessary, medically appropriate, or indicated here. While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend behavioral interventions, page 23 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that a total of six to ten visits are recommended over five to six weeks in applicants who demonstrate objective evidence of functional improvement with treatment. In a similar vein, while the MTUS Guideline in ACOEM Chapter 15, page 400 also recommends cognitive therapy, noting that it can be either problem-focused or emotion-focused, with strategies intended to help alter an applicant's perception of stress or with strategies intended to help alter an applicant's response to stress, this recommendation is likewise qualified by commentary made in the MTUS Guideline in ACOEM Chapter 15, page 405 to the effect that an applicant's failure to improve may be due to incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. Here, the applicant remained off of work, on total temporary disability, despite receipt of earlier unspecified amounts of cognitive therapy/cognitive training over the course of the claim. The applicant continued to report issues with depression, anxiety, tearfulness, insomnia, interrupted sleep,

etc., as of the May 28, 2015 office visit on which additional cognitive therapy/cognitive training was proposed. The applicant remained dependent on psychotropic medications such as Cymbalta and continued to report difficulty-performing activities of daily living as basic as cooking, cleaning, and doing laundry. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of cognitive behavioral training/cognitive behavioral therapy over the course of the claim. Therefore, the request for an additional 12 sessions of cognitive behavioral training was not medically necessary.