

<b>Case Number:</b>	CM15-0179534		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: California, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 injured worker is a 53 year old male, who sustained an industrial injury on 6-27-2013. He reported injuries to the neck, low back injury, knees, and left shoulder from cumulative trauma. Diagnoses included cervical spine syndrome, multilevel degenerative disc disease, left shoulder tendinitis and impingement, lumbar spine pain syndrome with disc bulge, and left knee chondromalacia patella. Treatments to date include activity modification, medication therapy, physical therapy, cortisone injections, Synvisc Injections. On 7-23-15, a psychiatric evaluation was completed. The history and diagnoses included Post-traumatic Stress Disorder, Depressive Disorder and psychosocial stressor secondary to chronic pain and due to an automotive accident involving a bus and motorcycle. Current symptoms reported included "significant levels of anxiety and depression." Testing administered included Test of Memory Malinger (TOMM), Pain Patient Profile (P3), Epworth Sleepiness Scale (ESS), Beck Depression Inventory II (BDI II), and Beck Anxiety Inventory (BAI), and also the Symptom Checklist-90-R, and the Rotter Incomplete Sentences Blank. He reported specific symptoms including anhedonia, passive thought of suicide with no intent, agitation, indecisiveness, low energy, insomnia, poor concentration, fatigue, and loss of interests. The examination documented the mood was mildly depressed and anxious, affect was somber, and the thought process was guarded and vague. The plan of care included individual psychotherapy and appropriate psychoactive medication with psychiatric visits every one to three months. The appeal requested authorization for twenty cognitive behavioral therapy visits; one (1) Beck anxiety inventory; and one (1) Beck Depression Inventory; and eight (8) Medication Management visits. The Utilization Review dated 9-5-15, modified the request to allow for twelve (12) cognitive-behavioral therapy visits and denied the requests for the Beck anxiety inventory citing the California Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy, 20 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress - Cognitive Behavioral Therapy Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress / Cognitive therapy for PTSD.

**Decision rationale:** ODG states: Cognitive therapy for PTSD is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual TFCBT is superior to stress management in the treatment of PTSD at between 2 and 5 months following treatment, and also that TFCBT was also more effective than other therapies. ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) The injured worker suffers from chronic pain secondary to the injury and also has been diagnosed with Post-traumatic Stress Disorder, Depressive Disorder and psychosocial stressor secondary to chronic pain. It has been suggested that he has undergone 12 psychotherapy sessions in the past with evidence of objective functional improvement. The guidelines recommend up to 13-20 visits over 7-20 weeks. The request for another 20 sessions would exceed the guideline recommendations and thus is not medically necessary. It is to be noted that the UR physician authorized 12 sessions. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made.

**Beck anxiety inventory:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress / Psychological evaluations.

**Decision rationale:** ODG states: Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations 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. The injured worker suffers from chronic pain secondary to the injury and also has been diagnosed with Post-traumatic Stress Disorder, Depressive Disorder and psychosocial stressor secondary to chronic pain. It has been suggested that he has undergone psychotherapy treatment so far. Per guidelines, the psychological evaluations are indicated for diagnostic purposes or to determine if further psychosocial

interventions are indicated. He has been authorized for 12 sessions by the UR physician. The request for Beck anxiety inventory is not medically necessary at this time.

**Beck depression inventory:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress - Beck Depression Inventory.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress / Psychological evaluations.

**Decision rationale:** ODG states: Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations 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. The injured worker suffers from chronic pain secondary to the injury and also has been diagnosed with Post-traumatic Stress Disorder, Depressive Disorder and psychosocial stressor secondary to chronic pain. It has been suggested that he has undergone psychotherapy treatment so far. Per guidelines, the psychological evaluations are indicated for diagnostic purposes or to determine if further psychosocial interventions are indicated. He has been authorized for 12 sessions by the UR physician. The request for Beck depression inventory is not medically necessary at this time.

**Medication management, 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress - Medication management visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress / Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The injured worker suffers from chronic pain secondary to the injury and also has been diagnosed with Post traumatic Stress Disorder, Depressive Disorder and psychosocial stressor secondary to chronic pain and has been undergoing psychotherapy as well as medication treatment. The request for 8 more office visits is not medically necessary as he is not on any medications needing such close monitoring requiring 8 more medication management visits.