

<b>Case Number:</b>	CM15-0021090		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	09/12/2007
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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 52-year-old female, who sustained a work related injury on 9/12/07. The diagnoses have included chronic lumbar pain, chronic cervical myofascial pain, bilateral carpal tunnel syndrome, chronic right shoulder pain, bilateral upper extremity radiculopathy, left medial epicondylitis and depression/anxiety. Treatments to date have included medications, psychotherapy, injections, NCV/EMG study of upper extremities, lumbar spine and right shoulder MRIs and chiropractic treatment. In the PR-2 dated 12/1/14, the injured worker complains of neck, low back, right wrist and right elbow pain. There is decreased range of motion in neck, low back, right wrist and right elbow. There is tenderness to touch of neck, low back and right elbow. In the psychiatric PR-2 dated 12/9/14, the injured worker is becoming more depressed and anxious due to pain issues. She has had a change in behavior and mood. She is not sleeping well at night. She is moody and tearful during interview. She is having morbid thoughts and has feelings of hopelessness and helplessness. On 1/16/15, Utilization Review modified requests for 12 weekly cognitive behavioral therapy sessions to 9 weekly cognitive behavioral therapy sessions and 12 monthly medication management sessions for 1 year to 6 monthly medication management sessions. The ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 weekly cognitive behavioral therapy sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress and Mental illness Topic: Cognitive therapy for depression.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and 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). In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made."The submitted documentation suggests that the injured worker has completed 11 psychotherapy sessions already. The request for 12 weekly cognitive behavioral therapy sessions would exceed the guideline recommendations as stated above as 11 prior sessions have been completed. It is to be noted that the UR physician authorized 9 sessions of CBT. Therefore, the request is not medically necessary.

## **12 monthly medication management sessions for 1 year: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 405.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: 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 has been diagnosed with Major depressive disorder and has been prescribed Fetzima 25 mg daily, Vistaril 25 mg three times daily and Trazodone 50 mg at bedtime. There is no indication for the need for such close monitoring as once monthly visits for a span of a year." Thus, the request for 12 monthly medication management sessions for 1 year is excessive and not medically necessary.