

<b>Case Number:</b>	CM13-0028446		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### **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 Occupational Medicine 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:

This is a 45 years and 11 months old male who has reported mental illness and orthopedic symptoms after an occupational injury on 2/24/11 He reports pain in the left shoulder, back, and left leg. He also reports significant depression, hopelessness, frustration and loss of quality of life. Diagnoses have included lumbar disk disease, radiculopathy, shoulder instability, and depression. Treatment has included lumbar and shoulder surgery, injections, medications, unspecified psychological treatment, and physical therapy. On 8/22/13, the treating physician noted ongoing multifocal pain and recommended a pain psychology referral for cognitive behavioral therapy. The report did not contain any details about any psychological condition. On 9/11/13, Utilization Review certified a pain psychology evaluation and not medically necessary 6 follow-up visits. The MTUS was cited, and note was made of the need for more detailed clinical information regarding the need for additional treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PAIN PSYCHOLOGY 6 FOLLOW UP VISITS 1 TIME PER WEEK FOR 6 WEEKS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Psychotherapeutic Treat.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391-402, Chronic Pain Treatment Guidelines Psychological Evaluations, Behavioral interventions Page(s): 100, 8-9.

**Decision rationale:** The MTUS provides specific recommendations for psychotherapy in cases of chronic pain. A trial of CBT is an option, with results of treatment determined by functional improvement. The recommended quantity of visits for a CBT trial is 3-4 visits. The referral in this case is for 6 visits, which exceeds the MTUS recommendation. The ACOEM Guidelines pages 391-396 discuss the approach to patients with possible "stress-related conditions". Important history and physical findings are outlined. There is practically none of this sort of information in the available reports. It is not possible to determine medical necessity for psychological treatment based on the very brief information presented. As with any other treatment referral, the referring physician is expected to provide a sufficient account of signs and symptoms such that medical necessity is established. Although psychiatric conditions are often multi-factorial and complex, the major factors can be outlined by a non-psychiatric physician. The referral for 6 visits of psychological care (for what appears to be cognitive behavioral therapy) is not medically necessary based on a prescription that exceeds the MTUS recommendations and the lack of sufficient clinical evaluation.