

<b>Case Number:</b>	CM13-0050162		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 Licensed in Psychology, has a subspecialty in Health Psychology and Pain Management 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:

According to the records provided for this independent medical review, this patient is a 55 year male who reported an industrial/occupational related injury that occurred on April 26 2012. The patient reported that the injury occurred when he tripped over a pallet at during the normal course of his work duties as a shipping and receiving worker for [REDACTED] where he had work for 16 years; he landed on his right shoulder. There was no loss of consciousness but there was a tingling sensation in his right fingers nerve pain and he became unable to raise his right arm normally and could only move it with extreme difficulty and pain. He has since been diagnosed with Major Depressive Disorder, single episode, severe and Generalized Anxiety Disorder. There are numerous mentions of a possible chronic Regional Pain Syndrome. The pain makes it difficult for him to sleep at night and he has a tremor in his right hand; he reports that he is dependent on his wife for almost all of his day-to-day activities. He reports that the pain interference with his ability to engage in social activities, recreational activities, traveling, concentrate and causes him emotionally difficulties, anxiety, and severe depression. He has had conventional medical treatment and two to surgical interventions and opiate and general pain medications. A treatment request for weekly psychotherapy 1 session per week for 6 months for a total of 24 sessions. This request was non-certified and is the subject of this request to overturn the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOTHERAPY ONCE A WEEK FOR SIX (6) WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS, COGNITIVE BEHAVIORAL THERAPY Page(s): 23.

**Decision rationale:** 874 pages of medical files were received and reviewed. There were only a few pages of notes that pertained to his psychiatric treatment and these notes did not mention what kind of therapy was being done by the psychiatrist and if it consisted of anymore more than medication management. It is not clear how many psychiatric visits have been approved and/or used and if there is any improvement from them. It does not appear that he has received any cognitive behavioral therapy (CBT) or pain psychology, however it is possible that he has and those notes were not included in this review. The original request for therapy that was denied was for one session a week for 6 months for a total of 24 sessions. There is mention that a modification of this request was certified for 4 sessions total to be offered once per week. It is unclear if these occurred but it does not appear based on the notes that I received that they have. IF this patient has not been provided a course of CBT, as it appears he has not, it would be medically appropriate for him to receive this as it may improve his depression and anxiety. As the request was written for 24 sessions the request cannot be over turned. CBT treatment has to follow the MTUS guidelines which specifically state that an initial course of 3-4 session can be used, these sessions must demonstrate objective functional improvements and these improvements must be documented. If there is documented improvements based on the initial block of sessions, further sessions can be offered up to a total of 10. It is not clear if he has had the initial block and if so what the outcome was. An authorization of 24 sessions without any documentation of improvement would greatly exceed these guidelines and while it may or may not be medically beneficial as such the request was correctly denied and cannot be overturned. If he has not already had the initial block of 3-4 sessions it would suggested that a new request be made for the appropriate amount of sessions. If he has, then the request should include what improvements were made and an additional maximum of 6-7 sessions session might be indicted.