

<b>Case Number:</b>	CM14-0108969		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	11/16/2005
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Psychology 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 that were provided for this independent medical review, this patient is a 65 year and 11 month old male patient who reported an industrial/occupational injury that occurred on November 20, 2007, with a prior continuous trauma injury December 7, 2005. The mechanism of injury and details regarding how it resulted in psychological sequelae was not provided. This IMR will focus on his psychological/psychiatric mental health symptoms. He has been diagnosed with Major Depressive Disorder in Remission, Pain Disorder, Vertebrogenic Pain Syndrome. He has also been diagnosed with Chronic Low Back Pain, Chronic Right Inguinal Pain, Obstructive Sleep Apnea, and Pain Disorder with Psychological and General Medical Condition. Progress notes from his treating psychologist from April 2014 states that he continues to struggle with poor sleep and fatigue and is frustrated in his inability to get a CPAP machine. He is walking 1 to 2 miles a day but still complains of growing and hernia pain, no additional surgeries were felt to be needed. This injured worker has a long history of psychological treatment, records provided for this IMR that mention psychological treatment mention 2009 when he was engaged in multidisciplinary pain treatment program. The patient was participating again and psychological treatment in 2010 and in 2011 participated in biofeedback and psychological treatment. In 2011 he was evaluated and participated in [REDACTED] a functional restoration program. A psychological evaluation was conducted in August 2012 when he restarted outpatient psychological treatment. In 2012 he was diagnosed with Major Depressive Disorder, Recurrent; Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. He's been treating with Cymbalta up to 90-120 mg, Testosterone replacement gel, and Lunesta. Team conferences were a part of his treatment in 2012. Another team conference note was found from April 2013 stating that the patient "is stable and doing well avoiding narcotic medications

and continues with high functional activity volunteering and walking and has excellent application of cognitive behavioral therapy coping skills learned within the help functional restoration program." There was no mention of the total number of sessions at the patient has had of psychological treatment, there was no mention of the patient's current psychological status and symptoms, is unclear how much treatment he has had in 2014 and what the result of that treatment has been. There was no indication of objective functional improvements that have been accomplished in 2014 and no mention of the current treatment goals at the patient is attempting to reach him treatment. There were no direct progress notes from his psychological treatment that were provided for this IMR. This current request was for: "team conference one time a month with PTP was made to coordinate multidisciplinary chronic pain treatment under MTUS guidelines." The request was further specified to be: "a meeting between the psychologist and the patient's primary treating physician to improve coordination of care and expedite physical rehabilitation of the injured worker who has a complex case. Monthly team conferences are seen as medically necessary to relieve symptoms of work injury."

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

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

**Team conference times 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Chronic Pain Programs, Criteria for the General Use of Multi.

**Decision rationale:** The MTUS Chronic Pain Guidelines for multidisciplinary treatment programs do not specifically address the frequency and quantity of team meetings. The MTUS Chronic Pain Guidelines state that, "treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains... Total treatment should generally not exceed 20 full-day sessions...treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." This injured worker has been participating in psychological treatments since at least 2009 and possibly longer. He has participated in several rounds of psychological treatment including multidisciplinary pain management and functional restoration programs. There are team conference notes that date back for several years and there was no indication of medical necessity of why additional and further team meetings would be necessary at this point. The types of topics that would be discussed at a team meeting for this patient were not laid out. Prior team conference notes mention issues with regards to his sleep and that he is doing well with his exercise very little change from month-to-month. The rationale for the complexity of the case requiring team meetings was not laid out. There was no documentation of the patient's current psychological condition and symptomology that would suggest the medical necessity of team meetings and there was no documentation with regards to the outcome of prior treatment team

meetings being of assistance in facilitating his recovery and healing. As such, the request is not medically necessary and appropriate.