

<b>Case Number:</b>	CM14-0109494		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/28/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/12/2014
<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 review, this patient is a 39 year-old male who reported an industrial/occupational injury on May 28, 2009. On that date the patient was on a platform of approximately two stories when the platform collapsed and he fell, he landed on his left shoulder and right knee and bounced at least once. He suffered injuries to his left shoulder, back, right hip, right knee, and neck. He has had extensive conservative treatment including left shoulder surgery. He continues to have low back pain and right knee pain. He has a complaint of numbness and weakness in the right leg and has a hard time walking. He reports continued pain in his middle back, low back, legs, neck, thighs and left shoulder. The pain radiates to the right ankle, right calf, right foot, and right thigh and is described as burning, deep, numb, sharp, shooting, and throbbing. Psychologically, he is showing symptoms of depression, anxiety, insomnia. He is being prescribed Trazodone 100 mg for insomnia, and Brintellix which is an atypical antidepressant. He has been diagnosed with Major Depressive Disorder Secondary to a General Medical Condition. He reports having occasional crying spells, sleeping only four hours a night, very anxious, desperate, and depressed. He reports not being able to enjoy the things in his life except for playing with his daughter and that only sometimes. Complains of difficulty concentrating and a low appetite, he reports a short temper and being forgetful. An initial psychological consultation report was conducted on April 30, 2014. In this report he described symptoms of reduced sexual desire, excessive worry, depression, anxiety, poor self-esteem, fatigue, reduced ability to concentrate, loss of interest in usual activities. This report came up with a different diagnostic picture which included: Depressive Disorder Not Otherwise Specified; Anxiety Disorder Not Otherwise Specified and Pain Disorder with Both a Medical and Psychological Factors. Utilization review rationale for non-certification for a psychologist referral and 12 sessions was stated that the patient has been in psychological

treatment for at least the past two years but continues to feel very anxious, depressed, hopeless, and forgetful. That additional sessions are being requested to help the patient with goal setting and to encourage returned to work. It goes on to state that it appears that there has been adequate time and psychological treatment provided to date for which would have emphasized and encourage goal setting and returned to work motivation and that for this reason further treatment does not appear indicated. However, a progress note from his treating physician dated August 13, 2014 states the patient has only seen a psychologist (██████████) for one visit as an initial consultation but has been seeing ██████████, a Psychiatrist, for some two years but no counseling and that utilization review made an adverse determination based on a mistake of fact with regards to this patient prior treatment.

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

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

**1 psychologist referral and 12 treatment sessions:** Overturned

**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, Cognitive Behavioral Therapy Page(s): 23-24;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014 Update.

**Decision rationale:** For the purposes of this independent review, I received medical records that consisted of approximately 1300 pages, and although I didn't review them as best as possible because the volume was so large many pages cannot be reviewed. The hope is that future submissions of this patient's psychological treatment will be more focused. As far as I can tell, the patient has had ongoing psychiatric care from a treating psychiatrist that provided psychotropic medications and adjustments of those medications. It does appear to me that this patient has not had any substantial psychological treatment to date other than an initial assessment that was conducted in April 2014. According to the official disability guidelines patients may have up to a maximum of 13 to 20 sessions if progress is being made in their treatment. There is also an important stipulation that the start of treatment should begin with a specific treatment trial consisting of 3 to 4 sessions (MTUS) or 6 sessions (ODG). This requirement for an initial treatment trial is done to prevent prolonged treatment to be occurring when patients are not responding well to it. This is a very complex and unusual case and one in which an exemption of this would be warranted in view of the need to provide this patient with psychological care. The patient appears to be a reasonably good candidate for cognitive behavioral therapy treatment and the best that I can determine he has not had this as of yet. I do believe that a mistake was made and that the utilization review non-certification was based on his prior psychiatric treatment. Given the chronicity of the patient's pain condition and the severity of the accident that occurred is reasonable to offer this patient 12 sessions of psychological treatment at the outset, even though this represents more than half of the total treatment maximum that the patient will be allocated, based on the rationale of that this patient has not had any psychological cognitive behavioral therapy treatments and that an error was

made in denying him this. It is essential that if additional sessions are requested, that they be backed up with evidence of objective functional improvements that the patient has made as defined as increased activities of daily living, reduction in work restriction if appropriate, and decreased reliance on future medical treatment. In terms of the request for a psychological referral, it is unclear what that request is actually for and I'm assuming that that is not for a psychological evaluation that was already conducted in April 2014, and that it is an error in wording, and is included in the 12 sessions of treatment, and thus can safely be ignored. Therefore, one (1) psychologist referral and 12 treatment sessions is medically necessary.