

<b>Case Number:</b>	CM14-0016458		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	08/09/1999
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Clinical 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, the patient is a 55 year old male who reported an occupational/industrial work related injury on August 9, 1999. He has ongoing complaints of chronic low back pain radiating to both legs but worse on the left, severe neck pain, right shoulder and side pain radiating to the hand and headache. The details of the injury were not provided. He has chronic psychological difficulties that have resulted; however, other than a brief one word mention these difficulties were not detailed. Chronic pain and difficulty with sleep and sexuality were mentioned several times without much detail. He has a diagnosis of "reactive depression and anxiety due to chronic pain" He has been prescribed Wellbutrin, Valium, and Cymbalta for psychological problems related to the ongoing chronic pain conditions. He also has a diagnosis of Major Depressive Disorder, Severe. A request for "psychotherapy 1 session per week for 20 weeks to prevent relapse and recurrent episodes" was made; however, the request was denied and is the subject of this current independent medical review. The stated reason for the UR non-certification of the request was that there was insufficient evidence for the requested service, that it is unknown how many sessions he is already completed to date, and unclear if there was any objective functional improvements that were derived from any sessions that were already completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOTHERAPY (1) SESSION A WEEK FOR TWENTY (20) WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental And Stress Chapter: Psychotherapy.

**Decision rationale:** For this reconsideration of the treatment non-certification and a request to overturn, 99 pages of medical notes were received for this independent medical review; however, none of these contain any progress notes from either a treating psychologist, or psychotherapist, or any treatment providers who may have been providing him with psychotherapy or cognitive behavioral therapy. Because of this, there is no way of knowing how many sessions he has had to date. This information is essential so that it can be determined if he has already had the maximum amount or not. In addition, there are no notes about the prior therapy having achieved any results whatsoever; and so it is impossible to tell whether or not he has had any functional improvement based on the therapy that he's received. Both of these factors are required under the current guidelines for disability. Therefore the non-certification of the request for 20 additional sessions is upheld and cannot be overturned. In addition, the request for 20 sessions is the maximum under the Official Disability Treatment Guidelines that can be authorized. If he had not had any prior treatment, and it is likely from my review that he has already received some sessions, so, therefore, it is very likely that this request would be inaccessible from the guidelines suggested number. It appears that no additional new information was provided for this review following the initial treatment denial, only a resubmission of the same material which resulted in the treatment denial. There are 99 pages of medical notes, whereas what is needed is a detailed report of this patient's psychological treatment, functional improvements gained from it, and current symptoms. Therefore the original decision to deny treatment cannot be overturned. It should be noted that this is not indicative of whether or not the patient actually does, or does not need it, only that it is impossible to say based on the information that was provided for this review. The psychotherapy (1) session a week for twenty (20) weeks is not medically necessary and appropriate.