

<b>Case Number:</b>	CM14-0136532		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	03/10/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 were provided for this independent medical review, this patient is a 38 year old male who reported and industrial/occupational injury that occurred on March 10, 2012 during the course of his employment for the [REDACTED]. The injury reportedly occurred while he was making an arrest of an intoxicated and combative suspect who was on the drug PCP and that the patient twisted his back in a physical altercation with the suspect and experienced low back pain as a result. The treatment progress note states the patient is suffering from ongoing depression and stress due to his injury and resulting financial issues including house payments that he remains very depressed on a daily basis with increased irritability. He reports having significant pain in his back for the past two years, he has right shoulder pain, neck pain, insomnia, headaches, G.I. upset, and has multiple psychological symptoms including: depression and anxiety, occasional fear of being alone, problems with relationships, mood swings, anger, loss of interest in activities, less energy, decreased sex drive, feelings of frustration and worthlessness, panic attacks. The patient reports difficulty with physical activity, standing, sitting, and walking. He finds it hard to cook, clean, eat, and bathe as well as getting dressed. He is being treated with Cymbalta, an antidepressant. He's been diagnosed with Depressive Disorder Not Otherwise Specified. His medical diagnoses include: lumbar strain and MRI evidence of spinal stenosis, right shoulder strain with rule out impingement/rotator cuff tear, cervical and thoracic strain. In January 2014 he presented to the emergency room due to stress. Treatment goals include reducing reliance on pain medication, increasing active participation in managing their pain, expediting returned to work, and improving functioning. The goals are to be accomplished with the use of cognitive behavioral therapy. A request was made for 10 sessions of psychotherapy to occur during a time period lasting up to one year, the request was non-certified; utilization review rationale for the decision was stated as: "the plan of

care is not specific, the claimant has been determined MMI, documentation was limited regarding current symptoms, objective functional status and reason why additional psychotherapy treatment would be necessary. Maintenance is not recommended." This independent medical review will address a request overturn that decision.

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

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

**individual psychotherapy sessions x 10 up to one year.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 for Depression. June 2014 update.

**Decision rationale:** I reviewed the medical record as those provided to me. I was unable to determine the exact number of treatment sessions that the patient has had to date. This is important information because the issuance of additional treatment sessions are contingent on the total number of sessions that the patient is already had, as well as medical necessity and psychological symptomology. It appears that the patient started psychological treatment in January 2014. I only was able to find evidence that these had six prior sessions. According to the MTUS treatment guidelines patients may have up to a maximum of 6 to 10 sessions if they are making progress in their treatment as defined as objective functional improvements, according to the official disability guidelines patients may have 13-20 visits if progress is being made. If in fact the patient has only had six sessions to date he should be eligible to have additional treatment. Because it appears that he only started treatment earlier this year it is very likely that he is not been provided to maximum number of sessions allowed, but this is not stated anywhere in the medical records nor in the request for this treatment. I do agree with utilization review that found that documentation was insufficient. There was no record of the prior successions outcome in terms of benefiting the patient with increased functionality or activities of daily living work decreased psychological symptoms or ability to return to work. It does seem to me that this treatment request is reasonable and I would have approved it but there was one major problem and that is the timeframe of the request. It is important for psychological treatment that ongoing documentation of improvement is demonstrated on a regular basis. While that frequency is not specifically stated anywhere usually of time period of 3 to 4 months maximum would be appropriate, and sometimes one to two months even, but a whole 12 month course of treatment is almost never indicated as being medically necessary because of the need for ongoing demonstration of medical necessity. Many things can happen in the course of the year and the treatment may no longer be necessary, or even more necessary. It's just too long of a period of time to authorize. Therefore, the finding of this independent medical review is that the treatment requested is not medically necessary based on insufficient documentation of the results of prior sessions, failure to mention the total number of sessions and been provided to date, and too long of a time frame for the sessions to be continued that do not allow for ongoing demonstration of

continued need. If these issues were to be addressed and the request reissued in a manner that is conforming to the guidelines it should be reconsidered.