

<b>Case Number:</b>	CM14-0136760		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	01/23/2010
<b>Decision Date:</b>	09/29/2014	<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 Licensed 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 41 year-old male who reported an industrial/occupational work-related injury that occurred on January 23, 2010 during his normal and usual customary work duties as a Senior Custodian for the [REDACTED] department of facilities management. He reports injury to his right hand, right thumb, right arm, with associated resultant sleep disorder and headache. The injury reportedly occurred when the patient was attempting to open a door at the log building which was jammed and while doing so he tried the door with his palm and struck the right thumb and was diagnosed with a fractured right some. Surgery was performed five days later and he participated in hand therapy. He reports that his hand throbs at night and wakes him up and that he gets terribly bad headaches that started two months after the surgery whenever the hand starts hurting or he tries to lift something that is heavy. There is current recent and ongoing chronic pain in his right hand that is numb and swells. The pain that begins at the top of his right thumb that radiates up into the shoulder now and there may be additional injuries to his shoulder. Psychologically, he has been diagnosed with Major Depressive Disorder with Psychotic Features; and Psychological Factors Affecting General Medical Condition. As part of a recent comprehensive psychological evaluation an alternative diagnoses was provided: Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic and Personality; cancel stop listening Specific Developmental Disorders. There is a note saying that he is seeing [REDACTED], a psychologist, every two weeks however no further details were provided with regards to this or any other psychological/psychiatric treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy, QTY: 20 sessions:** Upheld

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

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

**Decision rationale:** I have carefully reviewed all the medical records as they were provided to me. According to the MTUS treatment guidelines patients who are appropriately screened should be offered psychological treatment. That treatment should commence with an initial treatment trial. The treatment trial is specifically described as consisting of 3-4 sessions (MTUS guidelines) or 4-6 sessions (ODG). The initial trial of treatment is designed to determine whether or not the patient is responding to the treatment positively with objective functional improvements. Subsequent to the treatment trial if the patient responds favorably, additional sessions may be offered. According to the MTUS patients may be offered up to a maximum of 10 sessions, and the official disability guidelines (ODG) 13-20 maximum except in cases of severe major depression/PTSD where the maximum can be up to 50 sessions if progress is being made. Although I'm not completely certain, this appears to be an initial treatment request. In this case the request for 20 sessions of psychotherapy at the outset as an initial request completely ignores the need for an initial treatment trial as well as ongoing monitoring, and it requests the complete amount of maximum sessions that are usually available to a patient with no recognition of the need for ongoing assessment of medical necessity which is typically done in small increments every 1 to 2 months. Therefore the medical necessity of 20 treatment sessions of psychotherapy without conducting an initial treatment trial or ongoing assessment of medical need is not medically necessary and the request to overturn the utilization review decision is not approved.