

<b>Case Number:</b>	CM14-0139752		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 medical records provided for this independent review, this patient is a 33-year-old Spanish-speaking male who reported an industrial injury that occurred on June 29, 2010. On that date he was using a fully loaded 18 pound bazooka to apply tape to drywall on the ceiling. The bazooka, which is fragile, slipped out of his hand and he quickly reached to grab it before it dropped but felt immediate pain in his back right shoulder and right arm return to work with restrictions but was laid off shortly thereafter and has not returned to full time work. He reports chronic pain in his back, right shoulder, and right arm. The pain in his right shoulder radiates down his right arm to the elbow. He reports symptoms of nausea, insomnia, headache and stomach upset, depression without suicidal or homicidal ideation. He has been diagnosed with right shoulder pain; status post rotator cuff repair; and chronic pain syndrome. A treatment note from June 2014 from his primary treating physician states that he is participating in psychological treatment with [REDACTED] but does not offer any details with regards to the nature of this treatment, duration, frequency or outcome. The right shoulder surgery in conjunction with physical therapy at some improvement. Psychologically, he has been diagnosed with: Adjustment Disorder with Mixed Anxiety and Depressed Mood; Somatic Symptom Disorder with Predominant Pain, Persistent, Mild Severity. An initial psychotherapy progress report covering April through June 2014 from his primary treating psychologist was provided among the records for review. Improvements from his psychological treatment resulted in decreased depression and anxiety and he has been able to work part-time with restrictions. He states he is trying to find a way to returned to work full-time without restrictions. Socially, he took pride in being a reliable provider for his family prior to that injury and is now struggling financially to pay bills. He has been prescribed Celebrex for pain, this is the only pain medication he is taking. A comprehensive psychological evaluation was conducted on December 30, 2013. It was noted

that on February 11, 2013 the patient was evaluated psychologically and a treatment recommendation was made for 24 sessions of cognitive behavioral therapy with a Spanish-speaking male therapist as well as psychiatric evaluation for an SSRI (selective serotonin reuptake inhibitors). It does not appear he had any treatment until April/May 2014, although this is not entirely clear. He participated in an initial four visits psychotherapy requested additional therapy. According to the psychologist's treatment plan, additional treatment sessions will consist of: "cognitive behavioral therapy to facilitate a change in the way he thinks about his pain and help them cope better with this condition and treatment goals include learning and developing coping skills to better manage his physical symptoms, anxiety and depression, chronic pain, and stress." A request was made for eight sessions of individual psychotherapy, the request was non-certified with a modification offered by utilization review four sessions.

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

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

**Individual psychotherapy 8 sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24..

**Decision rationale:** According to the California MTUS guidelines: considered separate psychotherapy cognitive behavioral therapy referral after four weeks if lack of progress in physical medicine alone: initial trial of three-for psychotherapy visits over a two-week period and with evidence of objective functional improvement, a total of up to 6-10 visits over a 5-6 weeks (individual sessions) can be offered. The Official Disability Guidelines provide a somewhat more generous range of sessions allowing 13-20 sessions to be offered if progress is being made. As best as can be determined from the medical records that were provided, it appears that the patient was initially evaluated February 2013 and it was recommended he have 24 sessions of cognitive behavioral therapy. It does not appear that these sessions were provided as in December 2013 they still had not been started. It does appear that sometime around April/May 2014 he did begin psychological treatment and had an initial block of four sessions that were provided and resulted in reduced anxiety and depression levels and increased in efforts to return to work. Because as best as can be determined, the patient has had only four sessions of psychological treatment to date additional sessions up to a maximum of 20 may be allowed, if progress is being made. It does appear that at least some progress was made from an initial treatment trial of four sessions and that the request for eight additional sessions conforms with MTUS/ODG treatment guidelines. Additional documentation may have been provided for this IMR that was not available for the original UR decision. The patient has significant psychological symptomatology, has undergone conventional treatment and has had shoulder surgery and at least 45 sessions of physical therapy. He states that he is very motivated to stay off pain medications other than the anti-inflammatory medicine that he is on. Because the request for eight additional treatment sessions appears to be conforming to MTUS guidelines and that the patient appears to

be benefiting and making progress from prior sessions, the request for additional treatment appears to be reasonable and medically necessary.