

Case Number:	CM14-0140745		
Date Assigned:	09/10/2014	Date of Injury:	07/08/2008
Decision Date:	11/05/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/29/2014

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 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:

Based on the records provided documents for this IMR, this injured worker is a 55 year old male who reported an industrial injury that occurred on July 8, 2008. The industrial injury occurred when the injured worker was struck by a welding rod in the chest causing a direct electric shock for 3 to 5 seconds to his right chest/flank resulting in pain, three broken ribs and his falling forward unconscious. Medically he has required multiple surgical interventions and injections as well as conventional medical interventions. His injuries reportedly include: nerve damage and multiple body injuries, including: left elbow and hand, left hip, left knee, sleep disorder, psychological functioning, nerve damage, and sexual dysfunction. He continued to work with pain for 6 to 7 months but then was laid off. This IMR will focus on his psychological symptomology as it relates to the current request for six psychological treatment sessions. He was diagnosed with: "Depressive Disorder NOS-in large part reactionary secondary to the sequelae that followed this injury; Pain Disorder Associated with Medical and Psychological Factors; rule out Cognitive Disorder Not Otherwise Specified-mild due to negative effects secondary to electrical shock." A psychological evaluation from June 2014 determined based on psychometric testing that there is "some impairment to cognition and that this may be the result of the electric shock" and a recommendation for neuropsychological evaluation, continue Wellbutrin but "there is no need for further psychotherapy." The injured worker continues to report ongoing significant levels of depression and anxiety. A request was made for six psychotherapy sessions, the request was non-certified. The utilization review rationale for non-certification was stated as: "it is unclear why the injured worker is coming forth for treatment at this time. If the injured worker had cognitive impairment immediately after the injury, it is unlikely that specific treatment for this decline would be beneficial after six years. Memory and cognitive decline may be a result of depression, sleep disturbance, and chronic pain. The record

does not discuss whether the injured worker is taking psychotropic medications at this time. A diagnosis of depression NOS, suggests that he has mild depression. There is a nonindustrial L5/S1 condition. If this is causing the injured worker pain, it is unrelated to the claimant's industrial accident. A peer to peer review is recommended to clarify the number of issues raised.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy Six Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment, Cognitive Behavioral Therapy Page(s): 101-10. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. An initial treatment trial is recommended consisting of 3-4 sessions (up to 6 sessions ODG) to determine if the patient responds with evidence of measureable/objective functional improvements. The Official Disability Guidelines allow somewhat more of an extended treatment and recommend 13-20 sessions maximum for most patients who are making progress in their treatment; in some unusually complex and severe cases of Major Depression (severe intensity) and/or PTSD up to 50 sessions if progress is being made. With respect to this injured worker's treatment, the psychological and psychiatric progress notes that were submitted were insufficient in demonstrating the medical necessity of additional treatment sessions. According to the utilization decision, the injured worker is had 26 sessions of psychotherapy, however no progress notes from these treatment sessions were provided. There were no detailed discussions of his current symptomology as it responded to psychological treatment, the total number of sessions at the injured worker is already been provided, although stated by UR was not discussed by the therapist with a rationale for the reason why an exemption would be made into the above mentioned psychotherapy guidelines. The injured worker has already exceeded the maximum number of sessions by at least six sessions unless he was to qualify for the extended and severe treatments which his diagnoses do not appear to reflect the type of severe psychopathology and symptomology that would be necessary. There's no indication if his cognitive deficits/ depression have been benefiting from psychological treatment. If there had been prior courses of psychological treatment in years past it was not discussed. Regardless, continued authorization of additional treatment sessions for an already ongoing course of psychotherapy is contingent not only on the injured worker having ongoing psychological symptoms, which he appears to be, but also requires evidence that the injured worker is

benefiting from the treatment with objective functional improvements. In addition, the request for six additional sessions was not supported with specific treatment goals and specified dates of expected accomplishment, in fact there was no stated rationale of what the additional sessions was intended to accomplish at this juncture. Because the request for six additional sessions was not supported adequately by the documentation provided and that the injured worker is already exceeded the recommended guidelines, the request for Individual Psychotherapy Six Sessions is not medically necessary.