

<b>Case Number:</b>	CM14-0159811		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 licensed 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:

According to the records that were provided for this independent medical review, this patient is a 41-year-old male who reported an industrial injury that occurred on April 4, 2012. At that time, he had been working at his usual job duties as a sheet metal worker when a machine crushed his arm necessitating a right thumb amputation with subsequent irrigation and debridement of the right forearm and hand wounds occurring several days later. In June 2013 there was an additional surgery to create a free flap transfer to the right hand and placement of skin graft. There been multiple surgical interventions to a variety of different body parts that are well documented in his medical report. This IMR will focus on psychological issues as they relate to the current treatment request. Progress note from his primary treating clinical psychologist dated September 8, 2014 states that he is in a lot of pain due to recent surgery and removal of stitches and rated his hand-pain 6/10 and is worried because his pinky is numb, he is not sleeping well because of pain and emotionally he states that he is anxious but feels happy with the results of surgery however is concerned because physical therapy is going to be restarted and he needs one additional surgery but that his flashbacks have decreased and he is spending time with friends. He's been diagnosed with adjustment disorder with mixed anxiety and depressed mood, chronic; also pain disorder associated with a general medical condition. There is mention that his pain condition and affective state have been aggravated subsequent to the recent right hand surgery and that he is not reached optimal psychological improvement and continues to need psychological treatment to help him cope with the effects of his industrial injury. Progress note from August 11, 2014 indicates that the patient is feeling depressed and anxious with constricted affect but he is not experiencing pain at the present time and reports less anger and less anxiety but has intrusive images of the accident and feel sad about his present situation and worries about his future but does not have nightmares about his industrial accident. A similar note from July

14, 2014 mentions return of pain rated 2/10 with increased anxiety and depression. Another progress note from May 2014 states that he has been able to socialize more and decreases use of Norco considerably. Progress note from April 25, 2014 notes that between the period of February 24, 2014 and April 25, 2014 the patient was seen for total of three sessions, there was good at documentation of functional improvement and patient symptomology/issues being worked on. A request was made for five sessions of individual psychotherapy to be held between 9/8/2014 and 11/1/2014. The request was not approved; however utilization review offered a modification to allow for three sessions. The rationale for the modification of five requested sessions to allow for three was stated that the patient has made significant progress with previous authorized therapy. It notes that the patient did have an adequate response to previous therapy and because of the recent surgery has an acute exacerbation of symptoms and a short course of therapy to reestablish self-managed cognitive behavioral therapy would be supported.

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

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

#### **5 Sessions of Individual Psychotherapy: 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part two, 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: cognitive behavioral therapy, psychotherapy guidelines, June 2014 update

**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. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommend consisting of 3-4 sessions (up to 6 sessions ODG) to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for addition sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. 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 patient, the official disability guidelines range from 13-20 is more appropriate for this patient than the more restrictive MTUS 6-10 given the severity of his injury and multiple subsequent surgeries, progress being made in treatment, and overall impact of the pain on his life. The total number of sessions that he is had to date was not provided, and could not be estimated from the documents that were included for this IMR. There were several

progress notes that appeared at monthly intervals but only one of them specified how many sessions it covered. Because the guidelines specify the quantity of sessions that are offered the total number of sessions is needed in order to know whether the request falls within the guidelines. It does appear that his attendance is infrequent averaging perhaps twice a month and documents provided suggest that he's been in treatment for at least six months but information with regards to when the treatment began was not provided. Utilization review did approve for three additional sessions to allow for the patient to adjust to the stress of the new surgery. Additional sessions may be warranted in this case however the documentation would need to be provided to support it. There was sufficient documentation of objective functional improvement, patient appears to be making very good progress in his therapy as noted by decreased use of medications and lowered pain level and decreased intrusive thoughts and visualizations of the injury, and increased socialization with friends. It is not clear whether or not the improvements are recent or have been already exhibited for several months. However, without knowing how many sessions he's already had the determination regarding the medical necessity of additional sessions is not demonstrated. He does not appear to qualify for the extended range of sessions that is offered by the official disability guidelines which specify that people can have up to 50 in cases of severe psychopathology. The request to allow for five additional sessions is not supported as medically necessary by the documentation provided.