

<b>Case Number:</b>	CM14-0160052		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/17/2014
<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 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:

The claimant is a 43 year-old male (DOB 9/9/71) with a date of injury of 4/30/08. The claimant sustained multiple injuries to his head, neck, back, upper extremities, left ankle and knee, and left wrist when he stepped onto some scaffolding and fell two floors down. The claimant sustained these injuries while working for [REDACTED]. In the "Doctor's First Report of Occupational Injury or Illness" signed 9/11/14, [REDACTED] diagnosed the claimant with: (1) Cervical degenerative disc disease; (2) Lumbar degenerative disc disease; (3) Lumbar facet pain; (4) Left shoulder pain; (5) Left wrist pain; (6) TFCC tear left wrist; (7) Left wrist degenerative joint disease; and (8) Left knee degenerative joint disease. It is also reported that the claimant developed psychiatric symptoms both as a result of the work-related incident and secondary to the chronic pain caused by the injuries. In his 8/14/14 PR-2 report, [REDACTED] diagnosed the claimant with: (1) Pain disorder associated with both psychological factors and a general medical condition; (2) Posttraumatic stress disorder, chronic; and (3) Major depressive disorder, recurrent, moderate symptoms. The claimant received individual psychotherapy services with [REDACTED] to treat his psychiatric symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PsychoTherapy 8-12 visits.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for PTSD Recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly.

**Decision rationale:** The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain as well as the Official Disability Guideline regarding the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant received psychological treatment with [REDACTED]. However, the exact number of completed sessions is unknown. In his 8/14/14 PR-2 report, [REDACTED] noted that the claimant "has made significant improvements since he reinitiated treatment...He is less depressed and less anxious. He takes better care of his hygiene and appearance and participates in more pleasurable activities. He is socializing more and managing his anger better. More importantly, he is no longer experiencing suicidal thoughts." [REDACTED] additionally noted that despite the claimant's improvement, he "requires ongoing care and treatment to help him cope with the effects of his industrial injury." In the "Doctor's First Report of Occupational Injury or Illness" signed 9/11/14, [REDACTED] recommended additional "pain psychology treatments for eight to twelve follow up visits with [REDACTED]." Additionally, [REDACTED] noted that the "patient has ongoing anxiety and depression associated with persistent pain and other social problems associated with loss of ability to work, persistent pain." Although [REDACTED] noted symptoms of depression and anxiety and recommended additional psychotherapy sessions, the documentation submitted does not offer enough information to substantiate the request. The guidelines offer recommendations based on a total number of sessions as well as documentation of improvement. Since [REDACTED] notes do not offer information about the number of completed sessions nor the progress/improvements from the final authorized sessions, the request for additional treatment cannot be fully determined. As a result, the request for "Psychotherapy 8-12 visits" is not medically necessary.