MAXIMUS Federal Services

Case Number:	CM14-0167319		
Date Assigned:	10/14/2014	Date of Injury:	08/16/2012
Decision Date:	11/17/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/10/2014

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 Psychologist 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 provided for this IMR, this patient is a 46 year-old male who reported a work-related injury that occurred on August 16, 2012. The injury reportedly occurred while driving a truck when he was rear-ended by a semi-truck at a high rate of speed, this caused his truck to jackknife and run into the slow lane guardrail. He was thrown forward and backwards with his right shoulder hitting against steel levers, he reported immediate pain in the low back and right shoulder and was taken via ambulance to the emergency room and given pain medication. He subsequently has received physical therapy to the neck, low back, and right shoulder. Prior treatments have included chiropractic, a work hardening program, conventional physical medicine, cortisone injection to the right shoulder, time off work, physical therapy, outpatient right shoulder arthroscopic (May 2013). Psychological and psychiatric treatments have been mentioned as also been provided with no details were further information. He has limited range of motion in raising his right upper extremity over his head, and difficulty lifting, bending, mountain biking, throwing a ball, gardening and riding a motorcycle. There are prior industrial related injuries 2000, and 1999, in total there appears to have been five injuries to his low back. His primary treating physician reported in an April 2014 treatment note that the patient has depressed mood with flat affect, the note also states that he is being treated by a pain psychologist without further details provided. Psychology evaluation QME May 2014 states that he was treated by a psychiatrist and prescribed a medication that he stopped taking after a few weeks and that he has feelings of anxiety and worry, being tense and uneasy. Another note states that the patient is being treated "for anxiety and stress by a psychologist (unspecified details). The injury to his psyche has been described as a blow to his psyche because of inability to work and be a provider which has been a big part of his self-identity. There is also a loss of ability to engage in recreational activities with his family. It was recommended by the QME that he has 20

sessions of psychotherapy. He was diagnosed with the following: Adjustment Disorder with Depressive Features. A request was made for 20 sessions of psychotherapy; the request was non-certified with a modification of allowing six sessions as an initial treatment trial. This IMR will address a request to overturn that utilization review decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 20 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-405,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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. An initial treatment trial is recommend consisting of 3-4 sessions MTUS (alternatively, up to 6 sessions per 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 MTUS. 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 cases of extremely severe cases of Major Depression and/or PTSD up to 50 sessions if progress is being made.With respect to this patient, there were several mentions that the patient has been engaging in psychiatric treatment with a psychiatrist and that there was a trial of medication but that he did not persist in it. There were also several mentions of him engaging in psychological treatment for anxiety and stress however there was no documentation provided to detail these treatments. It is unclear when they occurred, if they occurred, how many sessions were provided, and if there was any objective functional improvements that resulted from these treatments. The current request for 20 additional sessions represents the maximum allowed according to the most generous official disability guidelines and does not account for an initial treatment trial of 3 to 4 sessions (MTUS) or six sessions (ODG). In addition offering additional psychological sessions is completely contingent on the documentation and demonstration that the patient has received objective functional improvements based on prior sessions. No progress notes were provided for prior treatment sessions from any psychologist or mental health practitioner with regards to this patient for this current injury and there was no mention of how much treatment he's had during prior injuries if any. Due to insufficient documentation and that the request exceeds maximum treatment guidelines without utilizing the treatment protocol of an initial treatment trial followed by documentation of improvements, this request for 20 sessions of psychotherapy is not determined to be medically necessary; and the utilization review decision is upheld.