

<b>Case Number:</b>	CM14-0169271		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 records that were provided for this IMR, this patient is a 57 year old female who reported an industrial injury that occurred on June 2, 2011. The injury occurred when she was awakened by a clock radio alarm while sleeping in a hotel and noticed smoke coming from underneath her pillow. When she pulled the bed away from the wall to investigate, she developed neck and shoulder pain down both arms into her hands. A partial list of the patient's medical diagnoses includes: right rotator cuff tear and AC joint arthrosis; left rotator cuff impingement with near full thickness rotator cuff tear; AC joint arthrosis. She is status post right rotator cuff repair (January 2014). She continues to report right shoulder pain and intermittent swelling in the entire arm and left shoulder pain with the possible pending surgery. She also reports neck pain. This IMR will focus on her psychological symptoms and treatment. She has been diagnosed with Depressive Disorder Not Otherwise Specified; and Adjustment Disorder with Depressed and Anxious Mood. The treatment progress notes from the patient's psychologist dated June 23, 2014 it reviews their discussion of her medical surgery and overall medical condition. There was no mention of the patient's psychological symptomology being discussed or treatment, or any objective functional improvements in this progress note. No additional psychotherapy progress notes were found in the records that were provided. A request was made for psychotherapy two times a week for five weeks for depression for total quantity of 10 sessions, the request was non-certified. The UR rationale for non-certification was stated as: the provider needs to provide additional information that documents the evidence of symptoms at the patient has, substantiating a diagnosis related to depression, how long the symptoms have been in evidence... Also why psychotherapy is indicated at the present time, and the number of sessions that would be within recommended guidelines, a current narrative report/PR-two from the requesting

physician indicating physical/objective findings to support the request. To date, no additional information has been received." This IMR will address a request to overturn that decision.

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

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

**Psychotherapy two times a week for five weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Integrated Treatment/Disability Duration Guidelines (Official Disability Guidelines 9th Edition) Work Loss Data Institute

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Psychological Treatment Pag. 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 recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) recommend a more extended course of treatment. According to the ODG, studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. As it relates to this patient, the medical records provided for this IMR were insufficient to document the medical necessity of additional treatment sessions. There was no indication of the total number of sessions that she has had to date, the documentation describing her psychological symptomology was not present in most recent progress notes, and additional progress notes from earlier sessions were not included. There was no documentation of objective functional improvements. There is no comprehensive psychological evaluation provided, or at least a comprehensive overview of her psychological status. There was no treatment plan provided and no goals of treatment were mentioned. The reason for the request was not stated anywhere in the medical chart that a careful study of it would have revealed. As mentioned in the guidelines above continued psychological treatment is

contingent upon progress being made. This is typically defined as objective functional improvements and in this case none were provided. Without knowing the total number of sessions the patient is already had, more information regarding her psychological symptomology and how it is responding the treatment, and the intention and reason for the request for psychological treatment, the Psychotherapy two times a week for five weeks is not medically necessary and appropriate.