

<b>Case Number:</b>	CM14-0184894		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	05/18/2000
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 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 as they were provided for this IMR, this patient is a 65 year-old male who reported an industrial related injury that occurred on May 18, 2000 during the course of his employment for [REDACTED]. On the date of injury he was moving in 21 inch monitor, typically he would use a moving cart, but on this date the cart was the wrong size so he had to lift the monitor, causing an immediate burning pain in the mid back. He sustained a disc injury and underwent a cervical fusion with bone graft. A 2nd work-related injury from June 2003 occurred when he was moving boxes on a cart that fell onto each other and then crushed his head resulting in a 2 level discectomy and fusion. A partial list of his medical diagnoses includes cervical post-laminectomy syndrome. This IMR will address psychological symptomology as it pertains to the current treatment request. He has been prescribed Cymbalta and Remeron. He reports depression and anxiety. Psychiatrically, he has been diagnosed with: Major Depressive Disorder; Alcohol Dependence in Remission; Cannabis Abuse by History; Nicotine Dependence. A treatment progress note states topic of therapy was: coping with sequelae of industrial injury and treatment plan is: to continue medication management psychotherapy. There was no further details with regards to the patient's course of psychological or psychiatric treatment. It was unclear how long he has been in treatment, the number of sessions at the patient has had, and his response to psychological treatment in terms of objective functional improvements. There was no documentation provided with regards to session content other than mentioned above. A request was made for "psychotherapy, monthly" there was no specification of quantity or duration. The request was non-certified; 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, Monthly:** 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 Behavioral Interventions, Psychological Treatment, Cognitive Behavioral Therapy Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, November 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 recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/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) allow a more extended treatment 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. With regards to the current requested treatment, the medical necessity of the request was not adequately established by the documentation provided. There was no indication of prior treatment history in terms of duration, quantity of sessions provided, or functional improvements resulting from prior sessions. No psychological treatment progress notes were submitted to support the requested treatment. Treatment goals were not described other than in vague terms and there is no data expected completion of any treatment goals. The rationale for the requested treatment was not provided. The treatment request was for an unspecified quantity and duration, requests for psychological treatment need to contain a specific number of sessions that is being requested otherwise it is considered to be open-ended. Current treatment guidelines do not support open-ended psychological treatment. Due to insufficient information, the medical necessity the request could not be established, and therefore the request is not medically necessary.