

<b>Case Number:</b>	CM14-0025922		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Texas. 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 injured worker is a 32-year-old male who reported an injury on 11/08/2011 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 03/17/2014, it was noted that the injured worker had participated in group psychotherapy sessions and stated they were very helpful. It was noted that the injured worker was more socially active and less irritable with less problems with family. It was noted that the injured worker still suffered from severe back and leg pain. It was also annotated that as a result of the pain, anxiety and depression were still a problem. It was noted that the injured worker still took pain medication. There was also annotations of the injured worker having fleeting thoughts of suicide without a plan, sadness, and a depressed flat affect. Prior treatments included physical therapy, acupuncture, pain medications, and group psychotherapy. The diagnoses included adjustment disorder with mixed anxiety, depressive mood; pain associated with psychological factors and unspecified organic brain syndrome. The treatment plan included a continuation of treatment of psychotherapy and 1 time per week for 8 weeks of individual psychotherapy. The Request for Authorization for individual psychotherapy for the diagnosis of adjustment disorder with mixed anxiety, depressive mood, pain disassociation with psychological factors, and unspecified organic brain syndrome was submitted on 03/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT INDIVIDUAL PSYCHOTHERAPY SESSIONS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy(CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

**Decision rationale:** The request for 8 individual psychotherapy sessions is medically necessary. In the Chronic Pain Medical Treatment Guidelines, psychological treatment is recommended for appropriate identifying injured workers during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining the appropriateness of treatment, conceptualizing an injured worker's pain beliefs and coping styles, assessing psychological and cognitive functional, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped care" approach to the pain management that involved psychological interventions has been suggested: step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for injured workers that may need early psychological intervention. Step 2: Identify injured workers who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. In the clinical documentation provided for review, it is annotated that the injured worker has participated in 3 individual psychotherapy sessions with improvement, thus meeting the recommendations of the guidelines to proceed with additional sessions. Therefore, the request for 8 individual psychotherapy sessions is medically necessary.