

<b>Case Number:</b>	CM14-0027064		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/11/2003
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Clinical Psychology, has a subspecialty in Pain Management and Health 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 provided for this independent medical review, this patient is a 35 year old male who reported an industrial related work injury on August 11, 2003. At that time he was working in his normal and customary occupational duties as a journeyman electrician when he was standing on a mobile scaffolding with wheels and lost his balance. When he reached up to stable himself and prevent fall, a screwdriver that he was holding in his right hand was driven into his palm of his left hand and penetrated it, resulting in nerve damage. Despite surgical interventions and conventional medical interventions he is left with ongoing pain and limitations and limited ability to use his left hand. Psychologically, he has been diagnosed with major depressive disorder, single episode, severe and pain disorder related to psychological and medical conditions. He reports chronic pain in the left arm and hand and has nerve pain. Psychologically, the patient has depression, and anxiety, insomnia, and chronic sleep disturbance. He has been prescribed Lexapro for his mood which is helping. His 10 year marriage recently ended probably because of his depression. There is severe family distress. The patient is considering returning to work as an electrical inspector which would allow him to use his skills but with respect to his injury consideration limitations. A request for 12 biweekly psychotherapy sessions was made and non-certified with a proposed modification allowing for four sessions. This independent medical review will address the request to overturn the non-certification of 12 sessions with the proposed modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 12 BIWEEKLY PSYCHOTHERAPY SESSIONS:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Mental/stress chapter: topic psychotherapy guidelines, cognitive behavioral therapy, June 2014 update.

**Decision rationale:** The patient appears to have been having regular ongoing psychotherapy with the same treating psychologist since 2007. The exact number of sessions was not been provided although there is mention in one report that he has had at least 24 sessions from January 2013 up to the time of this request. There is a second note stating that the patient has had at least 54 unique psychotherapy notes progress notes between July 3rd 2007 and January 23rd 2013; with each note covering approximately 1 month of time, thus they reflect anywhere between 1-4 sessions each. It is difficult to know whether or not the patient has had the maximum number of sessions allowed under the guidelines without having information with regards to the number of sessions and he has had; if there are future requests for treatment, this number should be provided. The medical reports reveal that the patient is clinically depressed, facing major social challenges and is opiate dependent for managing his chronic pain condition. He is also newly divorced and now is needing to increase his ADL as his wife used to help him with many activities. While the patient does appear to have ongoing depression symptoms sufficient to require continued therapy, there are two issues that make it difficult to overturn the non-certification with modification. First the medical records do not explore or discuss any improvements that have been made as a result of prior treatment. They do describe in detail his current difficulties but are not reflective of any improvement; if there is improvement that has been achieved it should be better discussed in future requests for treatment, if any are made. Secondly and most importantly is the amount of treatment he has had to date. According to the most generous guidelines as stated in the ODG, a patient may have up to a maximum of 50 sessions in cases of severe depression if progress is being made (see June 2014 ODG update). He has certainly surpassed this amount at this time, therefore this finding is for a decision is to uphold the modified decision that non-certifies 12 additional sessions but allows for an four sessions to be held biweekly.