

<b>Case Number:</b>	CM14-0037405		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 licensed in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

Based on the records provided for this independent medical review, this patient is a 49 year old male who reported an industrial/occupational work related injury on October 31, 2011. At that time, the patient reported he suffered an injury to his right thigh after a large rock flew from a truck striking him. As a result, he injured his right hip, knee and lumbar spine. He is status post right hip surgery in January of 2014. The patient notes that also has low back pain and constant neck pain. Activities of daily living that involve sitting, standing, walking and bending or lifting aggravates the pain. He reports headache and depression with symptoms of decreased motivation and decreased energy. He has been prescribed Cymbalta and Celebrex for pain and depression but it is clear if he is currently still taking these or other medications. He has previous injuries and surgeries. His back pain is reported to be the most difficult although there is pain in multiple other areas in his body. He is reporting significant ongoing depression due to the loss of his job and inability to do things and having lost his desire to engage in activities that would normally be pleasurable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient psychiatric consult and treatment times 10 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral therapy pages 23-24, and Psychological Evaluations Page(s): 100.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/stress chapter, topic psychotherapy, june 2014 update.

**Decision rationale:** Based on comprehensive and careful review of the medical records as they were provided which consist of approximately 195 pages, it appears that the request for a psychological evaluation and treatment would be medically necessary. There are several clear mentions of significant depressive symptoms that are more than sufficient for evaluation/treatment. However, there are several issues with this request that negate medical necessity as it is written. First, the request for a psychological evaluation should ideally be done prior to the authorization of treatment. While this is not a requirement, it is the logical way to proceed to have the evaluation be completed prior to the start of treatment because the evaluation is designed to inform and clarify diagnostic and treatment issues. The MTUS states that Psychological Evaluations are a generally well accepted aspect of pain management. The other issue is that the request for 10 sessions of psychological treatment is excessive and beyond what is stipulated in both the Official Disability Guidelines (ODG) and the MTUS. These guidelines state that with the use of psychological treatment an initial block of sessions needs to be provided first to allow to see how the patient responds and if there are objective functional improvements that result, and if so, more sessions can be offered. This initial block of treatment is typically three to four sessions based on the MTUS or up to six sessions based on the ODG for cognitive behavioral therapy. In either case the request for 10 sessions at the outset without conducting an initial trial to see if there is objective function improvement is too many sessions to allow for an overturn of the UR denial. The request as written is not medically necessary.