

<b>Case Number:</b>	CM14-0061675		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 independent review, this patient is a female who reported an industrial/occupational work-related injury on November 1, 2011. The injury reportedly occurred when the patient tripped over an electrical cord resulting in injury to her low back and is awaiting surgical evaluation. The patient is reporting significant stress, anxiety, and depression related to her pain condition and difficulty in treatment authorization. The patient has been participating in cognitive behavioral therapy with relaxation techniques. The request for psycho therapy one time per month for three months (3 sessions) was made and non-certified. The utilization review rationale for non-certification was due to insufficient information that his psychological complaints were not objectified, that severity of the symptoms an impact on functional capacity was not outlined and that the medical necessity for the proposed intervention was not established. The request is for individual psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy once a month for 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back (Acute & Chronic) procedure summary Office visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : part two, behavioral interventions, psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic psychotherapy guidelines, June 2014 update.

**Decision rationale:** Approximately 55 pages of medicals were reviewed and there was no discussion or paperwork regarding her psychological treatments that she has had to date. One note, not from her treating provider, stated that the patient has been doing well with her cognitive behavioral therapy and relaxation techniques but that due to denial and delay of treatments, with respect to her need for spinal surgery, the psychotherapy is maintaining her but she is not able to achieve significant improvements because the underlying cause is still active and present. A progress note from her treating Psychologist states that the patient is reporting depression, anxiety, and sleep disturbance, but that she is presenting with a normal affect and mood. There is a partially illegible handwritten note stating that one should refer to a different document for the treatment plan. This document was not located and the only treatment plan that was provided stated she should continue CBT and biofeedback. The documents provided made it difficult to determine how many sessions the patient has had to date; this information is required before additional sessions can be approved because without it is impossible to know if she has exceeded the guideline maximum. Additional sessions are contingent upon the patient making progress in treatment, this progress is usually defined as objective functional improvements. There was no specific mention of any improvements made, only vague references that she is benefiting. This is insufficient to meet the criteria of documented objective improvement. The progress notes that were included were lacking sufficient detail documenting the therapy process and the benefits derived, as well as the number of sessions that have been provided to date. Similarly the documentation of the patient's psychological symptomology was also insufficient, there was no detailed history of her psychological condition and virtually nothing regarding the impact of her pain condition on her current life other than the few adjectives that I included in this report. This decision is not a reflection in any way of the patient's psychological condition or for her need, or not, for psychological treatment. It is simply a reflection of the fact that insufficient documentation was provided to overturn this decision. Therefore, this request is not medically necessary.