

<b>Case Number:</b>	CM14-0077338		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/11/2006
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 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 review, this patient is a 48 year old male who reported an industrial/occupational work-related injury on April 11, 2006. At the time of his injury he was the second in line at an offshore oil rig helping to run the platform. He was using a sledgehammer and-wrench when he felt a sharp shock running down the back to his legs as if he was hit with a teaser. He is status post lumbar decompression surgery. He reports low back pain with left greater than right lower extremity symptoms, left shoulder pain, reactive depression/anxiety. Treatment notes indicate that with pain medication he is able to engage in more ADL activity, including preparation of food and grocery shopping and improved exercise tolerance. He reports a great deal of difficulty with ongoing severe pain, depression, anxiety, lack of motivation, difficulty with concentrating and focusing, as well as getting medications and treatments approved. He has been benefiting medically from the use of a TENS device. He recently had the medication antidepressant Cymbalta approved and has started taking it. Psychologically, he is been diagnosed with major depression, recurrent, moderate; and pain disorder associated with both psychological factors and a general medical condition. A note from his treating psychiatrist stated that the patient has been seeing [REDACTED], his treating psychologist, for two months on an every other week basis and noted that he previously seen her in 2013 for the same injury. The note indicates he is reporting hopelessness, low self-esteem, poor energy, and feels irritability, anger and agitation. On January 16, 2004 he was authorized for seven sessions of psychotherapy. Progress notes from the psychotherapy of March 2014 note that he is less angry and desperate. In a progress note from April, the patient reports that the therapy is helping to control his anxiety and depression and give some more hope for the future as well as simply navigating in coping with the difficulties of the work compensation system.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten (10) individual psychotherapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Biofeedback therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions, Psychological treatment Page(s): page 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, psychotherapy guidelines, June 2014 update.

**Decision rationale:** According to the Official Disability Guidelines, a patient may have 13 to 20 visits of psychotherapy if progress is being made. Based on the medical records provided for review, the patient has received 7 sessions in this current treatment episode; suggesting that it may be possible to have an additional 10 sessions, if progress is being made and the sessions are medically necessary. It is clear that the patient has cumulatively had a lot of treatment in care of his psychological status. The exact number of treatment sessions provided to date in total was not provided and is impossible to estimate based on the information provided. However, it appears that for this current crisis that he restarted treatment, and he is reporting he is had only seven sessions of a possible maximum of 13-20. Progress does appear to be being made in his treatment in terms of: decreased agitation, suicidal ideation, and anger. There is been increased functioning in his activities of daily living, and these are the most important of improvements that are considered with requests for more psychological treatment, however here they are attributed to medication rather than psychotherapy. Documentation of objective functional improvement for this patient is very limited and this patient may be a good candidate for a more intensive multidisciplinary treatment. As such, the request is medically necessary and appropriate.