

<b>Case Number:</b>	CM14-0090199		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	11/06/1997
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Occupational Medicine and is licensed to practice in Illinois. 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:

This 55 year old female was injured on November 6, 1997. She continues to have chronic radiating right shoulder and arm pain, bilateral wrist pain, discogenic neck pain, C3-4 and T12-L1 disc herniations, major depressive disorder with psychotic features, psychotic disorder, and cognitive disorder. Her medications have included Ultram, Prilosec, Cymbalta, and Tylenol #3. She has an extensive history of psychiatric counseling for issues such as attempted suicide in 2002 and visual and audio hallucinations, all after the injury in 1997; however, there are no documented recent psychological issues. The notes state the worker's mood and energy level have stabilized on medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Counseling sessions 6 times a year for 2 years:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychotherapy for depression Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive therapy for depression

**Decision rationale:** Per American College of Occupational and Environmental Medicine Guidelines regarding antidepressants, given the complexity and increasing effectiveness of available agents, referral for medical evaluation may be worthwhile. Furthermore, per Official Disability Guidelines, psychotherapy is recommended. Cognitive behavioral psychotherapy is a standard treatment for mild presentations of major depressive disorder; a potential treatment option for moderate presentations of major depressive disorder, either in conjunction with antidepressant medication, or as a stand-alone treatment (if the worker has a preference for avoiding antidepressant medication); and a potential treatment option for severe presentations of major depressive disorder (with or without psychosis), in conjunction with medications or electroconvulsive therapy. However, It is not recommended as a stand-alone treatment plan for severe presentations of major depressive disorder. This worker has had years of counseling sessions since 1997 and has stabilized in mood and energy. The Official Disability Guidelines for psychotherapy allow an initial trial of 6 visits over 6 weeks, and with evidence of objective functional improvement, a total of up to 13-20 visits over 13-20 weeks (individual sessions). As the requested visits are for a total of 12 visits over 2 year which exceeds the amount permitted by evidenced based medical guidelines, the request is not medically necessary.

**Psychiatric session 4 times a year indefinitely:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines

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

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines, psychological treatment is recommended for appropriately identified workers during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a worker's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic 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, longterm effect, and return to work. The following "stepped-care" approach to pain management that involves psychological intervention 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 workers that may need early psychological intervention. Step 2: Identify 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. As this worker has stabilized in mood and energy and the request is for an open-ended number of sessions which is not addressed, the request for psychiatric session 4 times a year indefinitely is not medically necessary.

