

<b>Case Number:</b>	CM14-0096135		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 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 as they were provided for this IMR, this patient is a 56 year-old male reported an industrial injury that occurred on June 13, 2012. The injury occurred while he was working as a tanker driver for ██████ delivering gasoline when the gasoline mushroomed up out of a 4 inch pipe and soaked his groin and lower legs. He was decontaminated by the fire department after 20 minutes but reported immediate intense burning of the groin and lower legs. Since the incident he has continued to have burning of the scrotum and lower legs. He reports chronic pain localized to his bilateral lower extremities and groin as well as abnormalities to his genitals in terms of size and shape. There is continued shoulder pain. There is intermittent healing of skin from the scrotum and intermittent redness and peeling of the skin from his left anterior shin He's been tried on numerous medications and has subsequently developed left shoulder pain. His diagnoses include: Perineal neuropathy secondary to gasoline exposure injury; peripheral neuropathy/neuritis; adhesive capsulitis, bilateral shoulders; depression; posttraumatic stress disorder; anxiety; dysplasia; medication sensitivities. He has received conventional medical treatment including steroid injections and lumbar sympathetic block. A psychiatric progress report February 2014 notes that the patient is distressed and reporting sleeping problems, rumination, anxiety, lack of interest in socializing, very concerned about genital abnormality. Psychiatric diagnosis from December 2013 states patient has Pain Disorder Associated with Both Psychological Factors and General Medical Condition; and Anxiety Disorder. A psychological report from his primary treating psychologist in February 2014 notes that there is concern about his ability to tolerate his pain, loss of sexual functioning, and severe insomnia on a long-term basis but that he is trying to stay involved in the world and keep his spirits up. A progress note from the psychologist on March 28, 2014 states that he continues to remain distressed about his medical situation but that he denies suicidal ideation and depression

and is primarily frustrated, upset, and distressed and exhausted by his pain related insomnia. Additional treatment sessions were requested "to continue to broaden his coping strategies and help them sustain himself in the face of his drastically changed life."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychotherapy (Cognitive-Behavioral), 8 Sessions Weekly or Every Other Week.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress Chapter, topic cognitive behavioral therapy, psychotherapy guidelines, June 2014 update.

**Decision rationale:** According to the MTUS treatment guidelines psychological treatment is recommended for appropriately identify patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD (post-traumatic stress disorder). The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. With evidence of objective functional improvement, guidance for session quantity is total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines state 13-20 sessions maximum for most patients; in cases of severe Major Depression or PTSD up to 50 sessions if progress is being made. According to utilization review notes the patient has already received at least 40 sessions of psychotherapy/cognitive behavioral therapy, medical records that were provided for this IMR reflect a minimum of 24 sessions based on requests for treatment. No total amount of sessions was mentioned nor was the duration of treatment mentioned but it appears to have been provided for well over a full year if not longer. Although the patient does appear to be benefiting from the treatment, he has greatly exceeded the maximum quantity of sessions and duration of treatment that would be recommended for his diagnosis and symptomology. According to progress notes provided by his treating psychologist, his levels of anxiety worry and struggles of coping with his chronic pain condition appear at a stable and chronic level. Additional objective functional gains as a result of further treatment are unlikely. His depressive symptomology does not reach the severe intensity level that would suggest extended treatment sessions beyond the recommended 13-20. Given that he has already had at least 40 sessions the request for additional sessions exceeds maximum guidelines without justification for extended duration of treatment and therefore the medical necessity of it is not established. The original utilization review decision for non-certification is upheld.