

<b>Case Number:</b>	CM13-0066670		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 a licensed Doctor of 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 provided medical records, this patient is a year 29 year old male patient who reported a work-related injury that occurred on April 15, 2013 during the course of his employment for [REDACTED] during the course of his work duties as a Roofer/Water Proofer. The mechanism of injury was stated that he was working on a bottom level of a scaffolding when a tradesman working approximately 60 feet above him dropped a drill hitting him on the left shoulder in the back of his left hand resulting in injuries to his neck, upper back, left shoulder and left upper extremity. This IMR will address the patient psychological symptomology as it relates to the current requested treatment. He reports depressive symptoms of sadness, low self-esteem, hopelessness, loss of pleasure in usual activities, social avoidance, loss of interest in sex sleep disturbance, fatigue, appetite changes. He stated "I don't know what's going to happen I don't know the extent of my injury and why it's not improving-roofing for 11 years and nothing ever happened to me and all of a sudden this happens. He reports that he is the sole income provider for the family which includes a young daughter and noted fear of going back to work because of somebody else doing something wrong on a large project that he's never felt before and has a pervasive fear of dying on a job site now because of things falling. He has been diagnosed with: Major Depression, Single Episode, Moderate; Anxiety Disorder Not Otherwise Specified; Sleep Disorder Due To a Chronic Medical Condition; Sexual Dysfunction, and Pain Disorder. He participated in a comprehensive psychological evaluation April 15, 2013 and was requested that he have 6 sessions of cognitive behavioral therapy and biofeedback, it was noted that he did not seem to need psychiatric medications at that time. There were no additional psychological treatment-specific records provided regarding his psychological status/treatment subsequent to the comprehensive psychological evaluation that he received in April 2013. It is unknown whether or not he

received the 6 sessions that were requested at that time. A request was made for "psychological counseling to facilitate pain coping skills" there was no quantity associated with the request. The utilization review rationale for non-certification of this request was not included for this review. This IMR will address a request to overturn the non-certification of the requested treatment.

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

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

**PSYCHOLOGICAL COUNSELING TO FACILITATE PAIN COPING SKILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, COGNITIVE BEHAVIORAL THERAPY (CBT) GUIDELINES FOR CHRONIC PAIN

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2, 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, November 2014 update

**Decision rationale:** According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified 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. 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. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allows for a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. With regards to the requested treatment, psychological counseling to facilitate pain coping skills (unspecified session quantity), the medical necessity the requested treatment was not established by the medical records provided for this review. One hundred pages of medical records were carefully considered, there were no medical records provided with regards to the patient's subsequent treatment for the psychological symptoms that were reported in his initial evaluation. It is unknown whether or not he ever received any psychological care and if so how many sessions were provided, and what the outcome of them was. Psychological treatment is contingent upon following the above stated guidelines. Continued psychological care is authorized not solely based on psychological symptomology but

also documentation of patient improvement from prior sessions. Because no documentation of prior sessions was provided, the medical necessity of the request was not established. The documentation that was provided is over 18 months old and not considered to be current. Based on the information that was provided, at that time, the patient symptomology does reflect significant intensity that would warrant psychological treatment. Treatment guidelines state that most patients can be offered 13 to 20 sessions over a 7 to 20 week period of individual therapy if progress is being made. Because the medical necessity of the request was not established due to insufficient documentation of prior psychological treatment, if any, the request is not medically necessary.