

<b>Case Number:</b>	CM14-0182832		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39-year-old male, who sustained an industrial injury on October 17, 2011. He reported burning pain of the right foot and inability to bear weight after his foot was run over by a forklift. The injured worker was diagnosed as having major depression without psychotic features. Treatment to date has included two hospitalizations for suicidal ideation, cognitive behavioral psychotherapy, and medications including antidepressant, antipsychotic, and anti-anxiety. On October 24, 2014, the injured worker reports feeling much better regarding his depression and he denies being depressed most of the time. He reports 6-7 hours of restful sleep each night. He enjoys being with his family. The psychiatric exam revealed no feelings of hopelessness, he has feelings of helpless at times, fair energy, difficulty with concentration, and a good appetite. He denied any suicidal ideations and psychomotor agitation or retardation. The treatment plan includes continued cognitive behavioral psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines mental illness and stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Citation Summary Part Two, Behavioral Interventions, ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, cognitive behavioral therapy, psychotherapy guidelines, March 2015 update.

**Decision rationale:** The documentation provided for consideration does not support the medical necessity of the requested treatment. The request is for an unspecified quantity of treatment sessions. The application for independent medical review does not contain a specific quantity of sessions being requested. The quantity of sessions being requested is an important piece of information in order to determine whether or not additional sessions are appropriate. In addition, the total quantity of sessions that the patient has received since the beginning of his treatment is also needed and has not been clearly stated. The utilization review rationale does mention at least 18 prior visits since 2012 and states that the quantity of sessions being requested is for 6 visits biweekly but because this information is not placed on the IMR request it could not be verified. Medical diagnosis was changed to include CRPS and additional body areas. According to the provided medical notes, he a bit appears to have started treatment sometime in mid to late 2012. Treatment progress notes indicate active suicidal behavior including a medication overdose in 2012 and again in January 2013 followed by a psychiatric intensive outpatient treatment program. He has been diagnosed with the following: Major Depression, severe without psychotic features, anxiety disorder not otherwise specified. A treatment progress note from the patient's primary psychologist from September 29, 2014 notes the patient is stating quote I am going downhill, no money so much pain I can't walk right I am miserable. My son comes to me put his arms around me he does not say anything. My wife is tired of it. I think of suicide all the time. I'm trying not to do it nobody understands how hard it is. You ask if I'm improving. I would say yes I haven't killed myself yet you keep doing what you're doing I leave here with a smile on my face." Deep depression with persistent suicidal ideations continues; sleep with interrupted pain, fatigue, irritability and hopelessness. A prior treatment progress note indicates that the patient met with the person who ran over his foot which caused his resulting disability and was able to make a degree of peace with him and that there is indications of new motivation or social and physical growth that is just beginning. 166 pages of medical notes were provided for consideration for this independent medical review. There were only 2 progress notes from the treating psychologist that were found in this file. The medical necessity of the requested treatment was not substantiated by the documentation provided. Continued psychological treatment is contingent upon establishing medical necessity, typically demonstrated with the documentation of all 3 of the following: evidence of significant patient psychological symptomology that warrants further treatment; total quantity of sessions that have been provided to date consistent with MTUS/official disability guidelines, documentation of patient benefit from prior treatment sessions including objectively measured functional improvements. The provided documents do document a patient having severe psychological symptomology that appears to require ongoing treatment. However, these records do not have a reflection of his current psychological status. There is no indication whatsoever of how many sessions the patient has received to date and whether the additional sessions being requested would exceed guideline recommendations, which are as follows: 13 to 20 sessions for most patients with an extended course of treatment for severe major depression up to 50 maximum with documentation of patient benefit from treatment. The patient may qualify for the extended

course of treatment based on his suicidal attempts and severe major depression. However there is insufficient evidence of patient benefit as measured with objective indices (e.g. Beck Depression Inventory etc.) showing patient benefit from treatment other than a single progress note where the patient mentions he is still having suicidal ideation on a daily basis but feels better after treatment and leave with a smile; while this is certainly good it's not sufficient documentation of objectively measured functional changes. There is no active treatment plan that was provided containing treatment goals with estimated dates of accomplishment and prior treatment goals that have been met. Because the medical necessity of the request was not established, the request to overturn the utilization review determination is not approved. This is not to say that the patient does not require additional psychological sessions only that there was insufficient information provided in order to overturn the utilization review decision.