

<b>Case Number:</b>	CM14-0192458		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	09/06/1996
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 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 fifty-five year old male who reported an industrial injury that occurred on September 6, 1996 during the course of his employment as a store manager for [REDACTED]. The injury occurred when a large stack of TVs fell on his left arm and side. He has had multiple surgeries of the left upper extremity. A partial/incomplete list of his current medical diagnoses include: cervical, thoracic and lumbar sprain/strain with moderate spinal stenosis and protrusions; multilevel thoracic and lumbar disc disease with protrusion, disc bulge and facet arthropathy, left shoulder impingement with anterior instability and history of bilateral shoulder dislocations, recurrent; fractured left radius with multiple surgical procedures, ulnar instability, status post unsuccessful left wrist surgery. Current medications include: Klonopin, Neurontin, Dilaudid, Methadone and Zofran. He reports not being able to use his left arm due to missing bones and his right arm is hurting from overuse. Psychological symptomology includes: insomnia, anxiety, depression. Additional psychiatric disorders are described as "multi-phasic involving work-related manifestations of a personality disorder, a significant depressive syndrome, and adjustment reaction with multiple anxiety/stress factors the cluster under the shadow of his unremitting pain syndrome. He also exhibit several of the criteria for the newer definition of posttraumatic stress disorder." There is also a psychiatric diagnosis per [REDACTED] of Bipolar Disorder not otherwise specified. The patient reports being socially withdrawn and reports being under "very clumsy surveillance" which stated that he was lifting trash cans when it was his caretaker. He reports that this is causing him increased distress, disability, anxiety and feelings of harassment. A request was made for additional psychotherapy (unspecified quantity) sessions. The quantity of sessions was clarified as 10-12 in the utilization review determination. The utilization review rationale stated that the patient has had over many years of psychotherapy in the past and reached maximal medical improvement. The UR

statement of determination also concluded that has not received psychotherapy in nearly 2 years and is reporting regression and decompensation. The utilization review determination allowed a partial certification of 6 of the requested psychotherapy sessions. This IMR will address a request to overturn the utilization review decision.

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

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

**Psychotherapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychotherapy Treatment;Cognitive Behavioral Therapy Page(s).

**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 recommend 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) allow 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 current request for psychotherapy treatment, the utilization review decision to non-certify but allow a modified six sessions of the requested psychotherapy sessions was a correct decision. The documentation provided for this independent review, does not support overturning that decision. Medical necessity of the requested psychotherapy treatment (unspecified quantity clarified by UR to be 10-12) was not established. The patient has received many years of psychotherapy and was determined to have reached maximum psychological benefit several years ago. The patient appears to be reporting decompensation based on acute current stressors related to what may be the trial and upcoming legal proceeding regarding his case. The psychological decompensation may be rapidly resolved once the stressors are removed. The utilization review determination did allow for six sessions to assess and treat the patient's current condition. Current treatment guidelines recommend an initial

treatment trial of 4 to 6 sessions to determine whether or not the patient is benefiting from the treatment and if additional sessions are medically necessary. Therefore the requested psychotherapy (quantity unspecified) is not found to be medically necessary as it does not conform to current treatment guidelines. Because medical necessity was not established utilization review determination is upheld.