

<b>Case Number:</b>	CM14-0192853		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	03/20/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/31/2014
<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 a licensed Psychologist 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 records, this injured worker is a 47 year and 11 months year old female who reported an industrial injury that occurred on March 20, 2011 during the course of her employment for [REDACTED]. There is a prior date of work injury from February 2006 resulting in low back injury. According to the patient she did not receive any psychological or psychiatric treatment in relation to this prior injury. The injury occurred during her work in the service in deli department when she fell and tore the right shoulder rotator cuff and suffered related cervical problems. She has had multiple surgical interventions, including shoulder arthroscopic surgery, cervical spine anterior fusion with this discectomy. Additional surgeries for carpal tunnel and her elbow were conducted in 2013/14. This IMR will be limited in focus to the patient's psychological symptoms as they relate to the current requested treatment. According to a psychological diagnostic intake evaluation from September 2, 2014, she was referred by her orthopedic surgeon due to reactionary depression and abnormal affect: appearing nervous, depressed, and agitated. She has been prescribed Cymbalta for depression and Ativan for anxiety. She has been diagnosed with Anxiety Disorder, NOS; Major Depressive Disorder, Single Episode, Moderate, and Pain Disorder with Both Emotional Factors Any Medical Condition. She reports feeling depressed and crying a lot poor sleep due to pain and anxiety and worry about her future. At that time of her initial psychological evaluation, 12 sessions of individual psychotherapy were recommended for the patient, It is not clear, how many if any of these 12 sessions she received, but it appears unlikely that she had any as the initial request for 12 sessions was not approved, and there was no indication that she had any treatment psychologically. The treatment plan is to pain, anxiety, and depression management with education, cognitive behavioral therapy, visual imagery, and relaxation training. No treatment progress notes regarding the sessions were found. She also reports current stress from not

working and physical limitations over for future ability to work. There is a notation that she gets very anxious and suffers from panic attacks. A request was made for "psychology referral x 6 sessions", the request was non-certified; utilization review offered a modification to allow for one psychological consultation but did not approve the six treatment sessions.

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

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

**Psychology referral x 6 sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines part 2, Behavioral Interventions, Cognitive Behavioral Therapy Page. 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) 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. The 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 request for psychology referral x 6 sessions, the request is reasonable and medically necessary. Five hundred and forty pages were carefully reviewed for this IMR. The patient as best as could be determined, has not received psychological care other than an initial intake evaluation, and one consultation session. The patient's primary treating physician reports significant psychological symptomology, the patient herself also reports psychological symptomology consistent with her primary treating physician's notes, and a comprehensive psychological evaluation was conducted and properly identified the patient as somebody who may benefit from psychological treatment. The initial request for treatment came in September 2014 and there was a denial of that treatment later in September. A

subsequent request was made for 6 sessions which was not allowed but a one session consultation was. It is possible that there was additional therapy provided between that time and now but as best as could be determined that is not the case. According to the official disability guidelines patients who are properly identified should be allowed to have an initial treatment trial consisting of 4 to 6 sessions, with additional treatment to be determined depending on objective functional improvement and medical necessity. The request is considered medically necessary.