

<b>Case Number:</b>	CM14-0202106		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	10/27/1998
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. The expert reviewer is Board Certified in Psychiatrist (MD) 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:

Injured worker is a 62 year old male with date of injury 10/27/1998. Date of the UR decision was 11/3/2014. Mechanism of injury was identified as cumulative work trauma resulting in chronic bilateral arm pain. Per report dated 9/29/2014, the injured worker reported that the pain in his upper extremities remains the same (7/10). He reported mood as "angry, scared, frustrated, and depressed," His affect was described as intense and congruent with his reported mood. He was diagnosed and being treated for Pain Disorder Associated With Both Psychological Factors and a General Medical Condition; Major Depressive Disorder, Single Episode, Moderate Symptoms; and Generalized Anxiety Disorder. Per Psychological testing performed on 8/8/2014, the injured worker scored 19 on Beck Depression Inventory indicating moderate levels of depression. It has been suggested that the injured worker has received several psychotherapy sessions through two psychologists; however he does not seem to have had any objective functional improvement from the treatment per the progress reports. There has been some short term relief but no evidence of any long term benefit from the treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 individual psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychology Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)It has been suggested that the injured worker has received several psychotherapy sessions through two psychologists; however he does not seem to have had any objective functional improvement from the treatment per the progress reports. There has been some short term relief but no evidence of any long term benefit from the treatment. Also, it seems that he has already exceeded guideline recommendations for total number of sessions for chronic pain. Thus the request for 8 additional individual psychotherapy sessions is not medically necessary.