

<b>Case Number:</b>	CM14-0204750		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Psychologist (PHD, PSYD) 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 45 year old female who reported a work-related injury that occurred on December 8, 2009. The incident occurred when the patient was lifting 75 pounds and experienced low back pain and right lower extremity sensory symptoms that radiate to the mid-thigh. Medically, a partial list of her medical diagnoses include degenerative disc disease lumbar; facet arthropathy, lumbar; lumbar spinal stenosis; low back pain; lumbar radiculopathy. A handwritten progress note from a neurology/psychiatry visit from January 29, 2014 was illegible. She has been prescribed the medication Effexor for depression, and a PHQ-9 depression inventory reflects moderately severe levels of depression without suicidal ideation as of June 23, 2014. She has been diagnosed with Major Depression, recurrent. Treatment goals are listed as decreasing depression and anxiety and improving sleep and using cognitive behavioral therapy treatment approaches. According to a PR-2 report from the treating psychologist dated October 3, 2014, she is described as returning to treatment due to symptoms of anxiety, depression, and sleep issues and notes that since her last psychological treatment session that symptoms deteriorated. Another treatment progress note from the primary psychologist dated 11/18/2014 was nearly identical but noted that her psychological symptoms are stable. She remains depressed, dysphoric, anxious and irritable with her affect listed as restrictive and blunted. A request was made for a follow-up individual therapy visit with an occupational medicine psychologist, the request was non-certified; this IMR will address a request to overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**F/U individual therapy with oc med psychologist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. 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:** The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. The request for follow-up individual therapy is not supported as being medically necessary by the documentation that was submitted for this IMR. The request is unspecified in terms of quantity. All requests for psychological treatment that are submitted for IMR need to have a specific quantity of the treatment modality. Without specifying the quantity this becomes essentially a request for unlimited number of follow-up visits. While the concept of follow-up visits in general medical practice are important, the distinction between a follow-up visit and a psychotherapy session is unclear. In general, material that would be discussed in a follow-up visit would consist of the same material that would constitute any psychological treatment session. Therefore, the guidelines for therapy sessions listed in the official disability guidelines, which recommend 13-20 sessions for most patients, should be considered. The total number of prior treatment sessions that this patient has received psychological treatment is unclear. Several progress notes were presented but did not specifically and clearly delineate the course of treatment that the patient has already received in terms of session quantity and session outcome in terms of objective functional improvement. Treatment goals were repeated from month-to-month with little indication of progress or change. Over 1150 pages of medical reports were submitted for consideration. A comprehensive psychological treatment plan with stated goals and dates of anticipated accomplishment, and prior goals that were achieved, if any for this patient was not readily found. The medical necessity of continued psychological treatment is contingent upon these factors as well as the total number of sessions conforming to the above stated guidelines. Because the medical necessity was not established, the request for an unspecified number of follow-up visits is not supported as being medically necessary and therefore the original non-certification utilization review decision is upheld.