

<b>Case Number:</b>	CM15-0196585		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/17/2009
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Physical Medicine & Rehabilitation

### 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 was a 61 year old male, who sustained an industrial injury, June 17, 2009. The injured worker was undergoing treatment for right ulnar neuritis, status post right ulnar nerve transportation, right wrist pain and myofascial pain. According to progress note of August 15, 2015, the injured worker's chief complaint was persistent right upper extremity pain. The pain was rated at 8 out of 10 in severity to the right elbow which rated to the right forearm. Grasping and carrying was tolerable, but extension of the right wrist aggravated the pain. The QME report of May 27, 2015, the injured worker was diagnosed with depression and recommended psychotherapy treatment. The physical exam noted the injured worker was alert, oriented and pleasant. The injured worker was positive for anxiety and depression. The injured worker previously received the following treatments Tramadol and Celebrex. The RFA (request for authorization) dated the following treatments were requested a psychological consultation and 8-12 follow-up visits. The UR (utilization review board) denied certification on September 8, 2015; for a psychological consultation and 8-12 follow-up visits which was modified to a psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychology consultation and 8-12 follow up visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, under Cognitive therapy for depression and Other Medical Treatment Guidelines ACOEM Chapter 7, page 127.

**Decision rationale:** The patient presents on 08/12/15 with right elbow pain rated 8/10 which radiates into the right forearm. The patient's date of injury is 06/17/09. The request is for Psychology consultation and 8-12 follow up visits. The RFA is dated 08/31/15. Physical examination dated 08/12/15 reveals tenderness to palpation of the right elbow, medial epicondylar region, with pain elicitation upon flexion/extension of the right wrist and dysesthesia noted in the right ulnar nerve distribution. The patient is currently prescribed Tramadol and Celebrex. Patient is currently advised to return to modified work on 09/30/15. MTUS/ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." Official Disability Guidelines, Mental Illness and Stress Chapter, under Cognitive therapy for depression has the following: Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). (Paykel, 2006) (Bockting, 2006) (DeRubeis, 1999) (Goldapple, 2004) It also fared well in a meta-analysis comparing 78 clinical trials from 1977-1996. (Gloaguen, 1998) In another study, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. (Thase, 1997) A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy. ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate) in cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. In regard to the psychological consultation and follow-up visits with the mental health specialist, the provider has exceeded guideline recommendations. This patient presents with chronic depression secondary to pain and disability in the right upper extremity and could benefit from such consultation. ODG supports 13-20 visits with a mental health provider for complaints of this nature, though indicates that evidence of progress is required to substantiate additional visits. While a consultation with a mental health provider is supported by guidelines and is indicated for this patient, the request for 8-12 follow-up visits without first establishing this patient's needs is excessive. Utilization review modified this request to allow for one consultation visit, leaving open the possibility of additional sessions based upon the mental health specialist's recommendations - which was an appropriate determination. The current request for 8-12 sessions without first demonstrating need/efficacy is excessive and cannot be substantiated. Therefore, the request is not medically necessary.

