

<b>Case Number:</b>	CM15-0037913		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	02/22/2002
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Psychologist

### 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 is a 47 year old male who sustained an industrial injury on 02/22/02. He reports back pain and lumbar radiculopathy. Diagnoses include status post cervical surgery, lumbar radiculopathy, and anxiety/stress. Treatments to date include surgery, medications, and psychotherapy. In a progress note dated 01/23/15 the treating provider recommends an authorization to see another physician, and continued follow-up. On 01/27/15 utilization Review non-certified a psychology referral, citing non-MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Specialist referral to Psychologist for consultation and treatment: sessions quantity unspecified:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy for chronic pain Page(s): 23-24.

**Decision rationale:** ACOEM Chapter 15, page 405. 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. According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. 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 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. According to the medical records that were provided for review, the patient was injured when he was assaulted by several federal inmates during a violent attack another officer, injuring his back and neck and undergoing subsequent cervical surgery in 2009. There is a current consideration of an additional spinal surgery under dispute. The patient has multiple years of psychological treatment over an unknown duration of time. According to a 2011 psychological assessment the patient was diagnosed with the following: "Depressive Disorder not otherwise specified with symptoms of anxiety and post-traumatic stress (currently permanent and stationary) and Axis II Maladaptive Personality traits with Hypochondriasis and Histrionics as evidenced in results of objective personality testing." This evaluation was noted to be a re-evaluation, regarding his prior psychological treatment: "a total temporary disability on a psychiatric basis from February 22, 2002 until the first reevaluation on August 20, 2008." Psychological treatment is contingent upon a documentation of all 3 of the following issues: evidence of significant patient psychological symptomology that necessitates treatment, the total quantity of sessions received consistent with current MTUS/official disability guidelines, and significant evidence of patient benefited from prior treatment including objectively measured functional improvements. Current treatment guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions maximum for most patients that have been properly identified. In some rare cases of severe major depressive disorder/PTSD additional sessions up to a maximum of 50 can be authorized if there is documentation of patient benefited from prior sessions. The total treatment duration and quantity of sessions at the patient has received to date is not clear and was not stated for consideration. It does appear, however that the patient is already received many years of psychological care, there was not provided evidence that additional care would result in objectively measurable functional improvements or substantially different outcome than has already been achieved. Because of these reasons the medical necessity of the request is not established. Because the medical necessity the request is not established the utilization review determination for non-certification is upheld.