

<b>Case Number:</b>	CM15-0088123		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 42-year-old male, who sustained an industrial injury on 07/14/2011. According to a progress report dated 03/05/2015, the injured worker reported feeling worse due to not receiving talk therapy. He last had this four months ago. The injured worker was very depressed and felt horrible every day. Pain was severe and going in to the left hand all the way up to the neck, right foot up to the knee, left foot around ankle area and lower back. He reported having foot drop. The severity of pain was a direct cause of his depression which involved loss of interest in previously enjoyed activities such as shooting, fishing and hunting with irritability, isolative behavior, crying episodes, sadness, feelings of hopelessness, sleep disturbance, loss of ability to perform activities of daily living, difficulty concentrating, memory loss, low energy, low motivation and anxiety. He had fleeting thoughts of dying but no current active intent or plan to end his life. Nightmares persisted, as did hyper vigilance and attempts to avoid anything that reminded him of past trauma, which included the accident on 07/14/2011. Diagnoses included major depressive disorder and posttraumatic stress disorder. The provider noted that the injured worker's condition was severe and would require ongoing lifelong psychiatric care with monthly office visits for medication management as well as weekly psychotherapy. Currently under review is the request for counseling twice monthly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Counseling twice monthly:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

**Decision rationale:** Citation Summary: 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 measurable/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. 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. Decision: A request was made for "counseling twice monthly" the request was non-certified by utilization review which offered a modification to allow for a psychological evaluation. The utilization review rationale for its decision is stated as: "in this case, documentation notes the patient has chronic long-standing pain with delayed recovery in symptoms of depression, anxiety, sleep disturbance, sexual dysfunction, fatigue, as well as anger. Specialist consultation with the pain psychologist would be appropriate in this case to determine if the patient is a candidate for cognitive behavioral therapy with pain coping skills training. Recommended modification of the request to certify evaluation only with treatment pending results of initial consultation and recommendations. This IMR will address a request to overturn that decision. This request for "counseling twice monthly" cannot be approved as it is written. There is no specific quantity attached to the request. Is unclear how many months are being requested. Psychological treatment requests being considered at the IMR level must be specified in terms of quantity of sessions, as it is not possible to make modifications in the request. It does appear that the patient has received some psychological treatment in the past for his industrial injury. A complete detailed description of the patient's prior psychological treatment including quantity of sessions, duration of treatment, and outcome in terms of functional improvements from prior treatment is needed in order to

establish the medical necessity of additional treatment. Because the medical necessity of the requested treatment intervention is not established (Unspecified quantity and insufficient information regarding prior psychological treatment history for example quantity/duration and outcome) the utilization review determination is upheld. This request is not medically necessary.