

<b>Case Number:</b>	CM14-0131567		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Psychology 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 records that were provided for this independent medical review, this patient is a 61-year-old female who reported an industrial/occupational work injury on March 1, 2010. The nature of the injury was not included in the medical records received for this independent review. She presents with ongoing and significant neck pain that radiates into her left upper extremity in the left shoulder. She is status post anterior cervical fusion with an incomplete union at C6-7. She has been diagnosed with persistent bilateral cervical radiculopathy worse on the left side. There was no information with respect to the patient's psychological condition. I was unable to find any chart notes that convey a psychological or psychiatric diagnosis, I was unable to find any chart notes describing symptomology that she may be suffering from that would warrant treatment, I was unable to find any progress notes from prior treatment sessions indicating whether or not she has attended any of them, and if so whether there was any objective functional improvement that were made as a result. There was one sentence that stated that a request was made for 8-10 sessions of psychotherapy for a diagnosis of mood disorder due to her medical condition. According to the utilization review rationale for non-certification was stated that a request for additional clinical information regarding past three therapy sessions that she has had was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 8-10 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions: Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014 Update.

**Decision rationale:** I reviewed the medical records as they were provided to me, they consisted of approximately 54 pages. Unfortunately, the bulk of the materials that were provided were retaining to communications with regards to this request. It is clear to me that the patient has had cervical surgery, and that it appears that it was unsuccessful or that additional surgeries may be under consideration at this time. There was no information provided as to how she was injured. There was several notations regarding the use of epidural steroid injections. Most importantly I did not find any information with regards to her mental condition. According to the California medical Treatment Utilization Schedule (MTUS)/Official Disability Guidelines (ODG) treatment guidelines for psychotherapy, it is a recommended form of treatment for carefully screened patients. Patients should undergo an initial treatment trial of 3 to 4 sessions California (MTUS) or 6 sessions (ODG) as an initial treatment trial. If the results of this initial treatment trial or positive and reflect objective functional improvements, which is typically defined as: increased activities of daily living, decreased work restrictions (if appropriate), and a reduction of dependency on future medical treatment, then additional sessions may be offered. According to the ODG 13-20 sessions maximum may be provided as long as progress is being made. No documentation was provided to demonstrate that the patient attended sessions and if so whether progress is being made. There is a lack of medical evidence that supports the medical necessity of this intervention. In addition, requests for psychological treatment must contain an exact quantity rather than a range such as this does (8 -10). When ranges are provided the maximum has to be assumed. Unlike utilization review no modifications of the request can be provided when it goes to IMR. It is possible that the patient is in need of psychological treatment and should be granted it because the request is in accordance with the above-mentioned guidelines, but it is impossible to determine whether this request is medically necessary or not based on the information that was provided. Because medical necessity cannot be established due to the insufficient information issue this request to overturn cannot be approved.