

<b>Case Number:</b>	CM14-0182407		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	04/24/2009
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Clinical 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 provided for this independent review, this patient is a 53-year-old female who reported a work-related injury that occurred on April 24, 2009. The mechanism of injury was not provided. She has been diagnosed with: Lumbar Facet Syndrome; Cervical Disc Syndrome; Right Shoulder Rotator Cuff Syndrome; Thoracic Spine Pain. Subjectively she presents with reports of pain in her neck, back, right shoulder. This IMR will be considering her psychological symptomology as it relates to the current treatment request. According to a progress report PR-2 she has been participating in psychotherapy every other week. Her mood is described as "depressed and anxious by the treating therapist, she reports feeling emotionally frustrated because not much is being done to help her and reports anxiety and depression because her health is "getting worse and I don't know what is going to happen to me in the future." Psychologically, she's been diagnosed with: Pain Disorder Associated with Both Psychological Factors and a General Medical Condition; and Depressive Disorder Not Otherwise Specified. Her Beck Depression inventory score indicated severe depression on September 2, 2014. The treatment progress notes describes the symptomology but does not report on specific treatment goals, nor does it address the issue of treatment progress based on prior sessions. A prior PR-2 psychological progress note from June 2, 2014 states that the patient "reports feeling better. She is verbalizing less self-disparaging remarks and is taking better care of her and health in terms of exercising and smiling more and notes that she feels less irritable." A QME report from October 22, 2014 states that she still gets: "slightly depressed once in a while and would like to be able to physically work full-time to support her family." She is currently working at [REDACTED] but only 4 hours per shift and has work restrictions. She states that she is interested in closing her case and is not optimistic about future improvement." According to the UR decision for non-certification the patient had an initial psychological evaluation December 20, 2013 and has been

seen since that time, current request is not indicate the number of sessions at the patient has had. This IMR will address a request to overturn the UR determination for denial.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Individual Psychotherapy x 4 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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: cognitive behavioral therapy, psychotherapy guidelines, November 2014 update.

**Decision rationale:** According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. 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. With regards to this request for 4 additional treatment sessions of psychotherapy, their documentation does not support the request. There is no indication of the total number of treatment sessions that the patient is had to date. However it does appear that she has exceeded the total number of sessions recommended in the guidelines. There is neither detailed treatment plan nor any documentation of specific treatment goals and dates of expected accomplishment. There is no documentation that prior treatment has resulted in sustained psychological improvements in functional capacity, pain relief, or increased activities of daily living, or increases in independent self-care. There was some treatment goals mentioned on one progress note from June 2014, but subsequent reports did not reflect a sustained improvement from that time and there was some indication that her depression be worsening rather than better. Medical necessity for psychological treatment is contingent on the presence of significant symptoms as well as documentation of specific benefit from treatment, including functional improvement. Because this was not established, and because the total number of sessions was not reported and the request appears to exceed guidelines for quantity, the request for 4 sessions of psychotherapy is not medically necessary, and the original UR determination is upheld.