

<b>Case Number:</b>	CM14-0036726		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Psychologist (PHD, PSYD) 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 provided records, this patient is a 33 year old male who reported a work-related injury that occurred on June 29, 2010 during the course of his employment for [REDACTED]. The injury occurred when he was working with a 18 pound bazooka to apply tape to a drywall on the ceiling when it slipped and he quickly grabbed it to prevent it from falling and felt immediate pain in his back, right shoulder, and right arm. Medically, a partial list of his diagnoses include right shoulder pain, status post rotator cuff repair and chronic pain syndrome. Despite conventional medicine and surgical intervention he continues to have constant and severe chronic pain. The patient had a comprehensive psychological evaluation conducted on December 30, 2013. Psychologically, he has been diagnosed with Adjustment Disorder with Mixed Anxiety and Depressed Mood and Undifferentiated Somatoform Disorder. He reports ongoing distress, poor concentration and attention, difficulty sleeping weight gain, excessive worry, increased arguments with wife, not being able to enjoy life as he previously did including being able to lift and play with his children and feeling sad most of the day. According to another psychological report from May 8, 2013 he was diagnosed with depression not otherwise specified - rule out major depressive disorder; and anxiety not otherwise specified -rule out phobic anxiety; and pain disorder associated with a chronic medical condition and psychological factors. A request was made for psychotherapy 24 sessions, the request was denied by utilization review; a partial modification to allow for sessions was allowed. This IMR will address a request to overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 24 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy. Page(s): 23-24.

**Decision rationale:** 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 recommend 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) allows for 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. With regards to the request for 24 sessions of psychotherapy, the request exceeds the quantity of sessions recommended by the MTUS guidelines. According to the MTUS guidelines for cognitive behavioral therapy patients should have an initial treatment trial of 3 to 4 sessions if these sessions result in benefit to the patient then an additional set of sessions can be offered 6 to 10 maximum. The official disability guidelines recommend 13-20 sessions for most patients. This request is for 24 sessions, and therefore it exceeds guidelines. There was no information with regards to what psychological treatment the patient has already received, if any. The documentation that was provided was from 2013 and current information regarding this psychological treatment in 2014. If the patient has not already received psychological treatment then beginning a course of psychological treatment would be appropriate, based on the evaluations found from 2013. The utilization review decision was to allow for 4 sessions. This indicates that the request for 24 sessions is being treated as the start of a new treatment. After the initial for session treatment trial is completed, additional sessions if medically necessary may be warranted depending on documentation of the patient's symptomology, response to treatment, and that the total quantity of sessions falls within the above stated guidelines. Because this request for 24 session exceeds maximum guidelines the request is not medically necessary. This finding is not because the patient symptomology but

based incorrect treatment protocol. Because of this the medical necessity was not established, therefore the request to overturn the utilization review determination is not approved.