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| <b>Case Number:</b>   | CM15-0031482 |                              |            |
| <b>Date Assigned:</b> | 02/24/2015   | <b>Date of Injury:</b>       | 11/13/2003 |
| <b>Decision Date:</b> | 05/07/2015   | <b>UR Denial Date:</b>       | 01/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/19/2015 |

### 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 44-year-old male, who sustained a work/ industrial injury on 11/13/03. The injured worker was diagnosed as having right shoulder pain status post right shoulder decompression, lumbar facet pain, right sacroiliitis, cervical radiculopathy, bilateral knee pain and insomnia secondary to pain. Treatments to date included medications, injections and diagnostics including Magnetic Resonance Imaging and (EMG) electrodiagnostic study. Currently, the injured worker complains of persistent neck and right shoulder pain with low back pain that radiates to the right gluteus. The treating physician's report (PR-2) from 1/14/15 indicated that the injured worker was currently working in construction and does the smaller jobs due to pain. He states that he feels his activities are limited. The objective findings revealed positive musculoskeletal pain positive reflux, and positive for anxiety and depression. The lumbar spine revealed spasms, stiffness, tenderness, decreased range of motion, and tenderness in the right shoulder region, with decreased range of motion. Treatment plan included prescription for Norco and the physician requested treatment included Psychotherapy 8-12 Sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 8-12 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

**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:** According to the provided medical records, a request was made for psychotherapy 8 to 12 sessions, the request was non-certified by utilization review with the following rationale: "psychosocial evaluations should determine if further psychosocial interventions are needed. The interpretations of the evaluation should provide clinicians with a better understanding of the patient and their social environment, thus allowing for more effective rehabilitation. No evaluation has taking place in order to assess patient and determine how many follow-up sessions are needed if any of psychotherapy." This utilization review decision is incorrect because it refers to the psychological evaluation MTUS criteria when the issue under consideration is treatment. In addition, the provided medical records indicate that a psychological evaluation was conducted on the patient on November 4, 2014; the assessment was ordered by the work comp appeals board on October 8, 2014 and included 8 follow-up sessions. It appears that the sessions have already been completed but it is not entirely clear if all of them have been, used. He was found to have significant levels of chronic pain and as a result has been diagnosed with: pain disorder associated with both psychological factors and a general medical condition. It was noted that he is reporting severe levels of depression and anxiety it was noted that a total of 8 sessions has been authorized and that 7 sessions including the initial diagnostic session were utilized is noted that the patient is benefiting from the brief course of therapy to deal with "the affective aftermath of his industrial injuries. And helping him to learn coping strategies for overcoming his affective symptoms and learning to manage his pain condition." The medical records that were provided for consideration for this independent medical review do not establish the medical necessity of the requested procedure. Although over 800 pages of medical records were carefully reviewed, no psychological treatment records were found. Only the previously mentioned psychological report from March 2015 was found. There was no treatment progress notes from prior sessions, nor was there any indication of a concrete treatment plan stated goals and estimated dates of accomplishment. In addition, the patient appears to have had 8 sessions recently of therapy and the documentation provided does not establish the patient is benefiting with objectively measured functional improvements or significant patient benefit. Basically because there were no notes from these sessions. This is not to say that he is, or is not benefiting from the treatment, only that the documentation provided does not establish this either way. Continued psychological treatment is contingent upon the establishment of medical necessity which typically involves all 3 of the following issues being clearly documented in the medical records: continued patient psychological symptomology at a clinically significant level the warrants the necessity of continued treatment, that the total quantity of requested treatment in addition to the total quantity of prior treatment sessions already provided is consistent with the MTUS/ODG guidelines stated above, and substantial evidence of patient benefit from prior treatment sessions including objectively measured indices of functional improvement. The provided documents do not establish the total quantity of sessions the patient has received.

Although it is mentioned that the patient has received recently 8 sessions, the patient was injured in 2003 and it appears that he has had prior psychological treatment although this could not be confirmed either way because there was no medical records associated with it. Current treatment guidelines suggest a recommended course of psychological treatment consisted of 13 to 20 sessions maximum for most patients but an exception can be made in some cases of severe major depression or PT SD up to 50 sessions with significant documentation of patient benefit and medical necessity. This extended treatment may apply to this patient but could not be confirmed due to insufficient documentation. Because it could not be determined how many sessions the patient is had so far to date (based on prior courses of therapy, if any) it was unclear whether or not this request for additional sessions would exceed the recommended maximum guidelines. If this is in fact is only course of psychological treatment that he has received since his injury in 2003 then this request for additional sessions should be approved, as he has not yet reached the maximum recommended quantity. However, it seems that prior psychological treatment has likely been provided. In addition, the documentation with regards to patient benefit/objectively measured functional improvement was insufficient. Because of the reasons medical necessity is not been established and therefore the utilization review determination is upheld. This is not to say the patient does, or does not require psychological treatment only that medical necessity was not established by the documents received.