

<b>Case Number:</b>	CM15-0078786		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	10/27/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 23 year old male patient who sustained an industrial injury on 10/27/2014. A follow up visit dated 12/29/2014 reported a flare up of arm pain. He is attending physical therapy sessions and states "it's helping". He is also with complaint of right leg numbness, anxiety. The assessment noted: crushing arm injury, right; carpal fracture, and fracture of trapezoidal bone of right wrist. The plan of care is with recommendation for continued and additional physical therapy session. Another follow up visit dated 10/28/2014 reported the patient with subjective complaint of right arm pain even while taking medication. The pain radiates up and down the arm and is accompanied with swelling. Current medications are: Norco 10/325mg, and Ondansetron. The plan of care involved recommending a possible fasciotomy, therapeutic injection. He is to follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Counseling sessions x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter.

**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 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 sessions x6, the request was non-certified by UR with the following provided rationale: 6 additional counseling sessions are requested for the patient, but without the doctor overseeing the counseling's most recent progress report presenting any evidence of the patient's functional improvement since receiving his first 6 treatments, the medical necessity of the request cannot be established. Should additional information become available that may have a bearing on this decision, the request can be resubmitted for further consideration. This IMR will address a request to overturn that decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. It appears, based on the provided medical records, that the patient has received an initial treatment block consisting of 6 sessions. However, there were no progress notes provided with regards to the patient's participation level in the sessions and there is no indication of whether or not the patient has benefited from them. According to current treatment guidelines the patient is eligible for 13 to 20 sessions (and up to 50 depending on psychological diagnosis and treatment outcome) contingent upon documentation of patient benefit including objectively measured functional improvement from the treatment. In the absence of any documentation the medical necessity of this request is not evidenced. All the provided medical records were carefully considered for this request, and no

psychological records were found in the treatment history other than a passing remark in the primary physician's progress note that his anxiety levels appears to have improved. Without supporting documentation from the primary treating therapist the medical necessity of this request was not established. In the utilization review determination is upheld. This is not to say that the patient does not need additional psychological treatment only that was not established due to insufficient treatment outcome documentation. The request is not medically necessary.