

<b>Case Number:</b>	CM15-0099710		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/25/2015

### 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 55 year old male, who sustained an industrial injury on 6/05/2009, as a result of cumulative trauma and lifting. The injured worker was diagnosed as having status post multilevel cervical discectomy and fusion, with significant residuals, impingement syndrome, right shoulder, with adhesive capsulitis, low back pain with radiation to both lower extremities, and depressive mood disorder due to multiple orthopedic injuries and complications. Treatment to date has included diagnostics, physical therapy, epidural steroid injections, cervical spinal surgery in 2010, transcutaneous electrical nerve stimulation unit, and medications. The Comprehensive Neuropsychological Consultation report, dated 12/04/2014, noted diagnoses as mood disorder due to multiple orthopedic injuries and complications, psychological factors affecting medical condition, pain disorder with both psychological factors and general medical condition, and adjustment disorder with mixed anxious and depressed mood. His current GAF (Global Assessment of Functioning) score was 62. It was documented that he may benefit from some future psychological care to diminish some illness behaviors and focus on wellness behaviors. Currently (5/13/2015), it was documented that the injured worker began psychiatric treatment on 5/12/2015. He continued to complain of cervical spine pain with radiation to both upper extremities and had persistent oral and dental complaints, with difficulty swallowing, and difficulty with insomnia. He was currently receiving home health care 4 days per week. Medications included Norco, Gabapentin, Omeprazole, and Naproxen. He reported pain 6/10 with medications and 8-9/10 without. He was in no acute distress while seated and presented in a wheelchair. He reported that medications improved pain by 45-50% and function by 30-40%,

noting the ability to stand and walk for longer periods. The treatment plan included 13-20 individual psychotherapy sessions, as recommended by Qualified Medical Examination (dated 8/05/2014).

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

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

#### **13-20 Individual Psychotherapy Sessions: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker completed a psychological evaluation with AME, [REDACTED], in August 2014. He also completed a neuropsychological evaluation with PQME, [REDACTED], in November 2014. Both physicians recommended follow-up psychological care. Based on the ODG recommendations, [REDACTED] recommended up to 13-20 follow-up psychotherapy sessions, for which the request under review is based. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Despite this guideline, an actual request for a broad range of sessions remains too vague and does not account for assessment of progress to determine if additional treatment is necessary. The ODG additionally recommends that "the provider should evaluate symptoms improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate." As a result, the request for 13-20 individual psychotherapy sessions is not medically necessary. It is suggested that future requests be more specific in the number of sessions being requested. It is noted that the injured worker did receive a modified authorization for an initial 4 sessions in response to this request. Therefore the request is not medically necessary.