

<b>Case Number:</b>	CM14-0129889		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/25/2009
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 a licensed Psychologist, 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 as provided for this IMR, this patient is a 61 year old female who reported a work-related injury that occurred on November 25, 2009 and February 4, 2011 during the course of her employment for [REDACTED]. Both injuries reportedly caused chronic lower back and left shoulder pain resulting in difficulties in performing work duties, anxiety and depression secondary to pain. The mechanism of injury was not provided for this review. A PR-2 progress report from the patient's treating psychologist from January 31, 2014 was provided and the following information was noted that the patient has been diagnosed with: Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic; Insomnia Type Sleep Disorder Due To Pain; Psychological Factors Affecting Medical Condition. Subjective symptoms include depression, anxiety, chronic pain, sleep disturbance, G.I. distress, and irritability. A progress note from the patient's treating physician from March 2014 details a trans-laminar epidural injection at L4-5 with medical diagnoses of degenerative disc disease, lumbar spine and lumbar radiculitis. A medical note from April 15, 2014 states that the patient is continuing to work with the same work restrictions: 15 hours per week that the surgical right shoulder scars as healed and her right wrist has minimal ulnar tenderness present. A psychological PR-2 progress report from April 30, 2014 notes that the patient "is benefiting from venting her feelings which prevents regression." A comprehensive psychological evaluation from July 2014 was provided for consideration. The report indicates that she began psychological care in September 2011. The report states that she "has greatly benefited from psychotherapy and is attending once every 2 weeks. She has learned meditation, breathing and relaxation exercises that help her cope with her pain. She experienced some relief of her anxiety, depression and sleep disturbance." The patient stated "it helped me to feel less depressed to talk with him." Psychiatric medication Cymbalta, Ativan, restaurant for anxiety and depression and sleep disturbance. p her psychiatric diagnosis was updated to include

the above mentioned adjustment disorder and the following: Somatic Symptoms Disorder with Predominant Pain, Persistent, Moderate; Psychological Factors Affecting Another Medical Condition (Anxiety and Depression Aggravating Gastrointestinal Condition, Headaches, Skin Irritations, Dizziness, Appetite Disturbance, Chronic Fatigue.) Insomnia disorder with non-sleep disordered mental comorbidity. She was found to be having reached maximal medical improvement regarding her psychiatric condition but it was reported she needs to maintain on regular psychiatric medication treatment is and continue in psychotherapy for coping chronic pain. A request was made for psychotherapy sessions, weekly for 20 weeks; the request was non-certified.

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

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

**Psychotherapy sessions weekly x20 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment, 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. 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 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) 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. With regards to the current treatment request for 20 sessions, the medical necessity of the request was not established by the documentation provided for this review. The quantity of sessions being requested exceeds current guidelines for most patients. The request that was made was for 20 sessions, this would be the maximum recommended for most patients and does not account for prior treatment sessions. The course of her prior treatment was not

detailed sufficiently to determine how many sessions of psychotherapy she was already been provided however it does appear to be that she has received more than several years of therapy already. In addition, no clear treatment plan was presented with the request indicating goals of continued treatment and expected dates of accomplishment. With regards to her prior treatment, treatment goals do not meet the definition of objective functional improvement. No information was provided documenting her prior treatment outcome in terms of objective increases in her activities of daily living, decreased reduction on future medical care, or on reduced work restrictions. Although it does appear that the patient and therapist have created a therapeutic experience for her that has allowed her to vent her frustrations and fears and depression, continued psychological treatment is contingent upon the patient making substantial benefits that lead to independent mental health/functioning. No discussion was provided in the documents regarding termination of treatment or transitioning patient dependency on treatment and moving her sustainable independence after several years of psychological treatment. Because the requested 20 sessions exceeds guidelines, and the medical necessity was not established due to insufficient information regarding prior quantity of treatment as well as limited evidence of objective functional improvement, therefore, this request is not medically necessary.