

<b>Case Number:</b>	CM14-0145638		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/12/2009
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Psychology 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 provided for this IMR, this patient is a 45 year old female who reported a work-related injury October 12, 2009 during the course of her employment at [REDACTED]. The mechanism of injury was not reported in the documentation provided. The patient has chronic right shoulder, right elbow, right wrist neuropathic pain which is described as either "probable complex regional pain syndrome, type I or possible conversion reaction." Also mentioned is: "chronic left shoulder, left elbow, left knee pain" She has chronic lumbar back pain with an L4-L5 disc bulge and coccygeal pain. There was no explanation provided how the patient's current psychological symptomology (non-specified) resulted from her chronic pain condition. No history of the patient's prior psychological/psychiatric treatments, if any, was provided. It is unclear whether or not the patient has already received psychological treatment in the past and if so what the benefit if any was from prior sessions of psychotherapy. A list of 18 medical diagnoses was provided, the list included one psychological diagnoses: "posttraumatic anxiety and depression." The traumatic episode was not detailed. Additional psychological/psychiatric related diagnoses included: insomnia secondary to pain and status post drug-drug interaction between Lunesta and Cymbalta. This IMR will focus on her psychological/psychiatric symptomology as it pertains to the current requested treatment. There was virtually no documentation provided detailing her psychological status as it relates to the current requested treatment. A request was made for psychological treatment to visits a month for 6 months, the request was non-certified; the utilization review determination rationale stated that there was no indication of a complication recovery, comorbidity, or extenuating clinical circumstances that would support psychotherapy and no indication that the claimant has failed anti-depression or anti-anxiety medications. 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:

**Psychological treatment two visits per month for 6 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, Pain, Suffering and Restoration Function

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy, and Psychological treatment Page(s): 23-. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive Behavioral Therapy, and Psychotherapy Guidelines.

**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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. With regards to the current requested treatment, the documentation provided was insufficient to support the medical necessity of the request. There was virtually no information regarding the patient's prior psychological treatment history, if any. The rationale for the treatment was not adequately stated in a manner that relates it to current psychological symptoms which were also not sufficiently described. The mechanism of injury, for nature of her injuries and how they resulted in psychological injury and the need for psychological treatment was not discussed. There was no active treatment plan with goals and estimated and reasonable dates of expected accomplishment. Psychological treatment is contingent not only upon significant patient symptomology, but also documentation of patient making objective functional improvements and progress in treatment. If they've already had prior treatment then this information needs to be provided based on that prior treatment. Current guidelines for psychological treatment, for most patients, recommend an initial brief trial to be followed by a maximum of 13-20 visits over a period of 7-20 weeks of individual sessions if progress is being made. Because no information is was provided regarding the quantity and duration of prior

treatment, if any, it was not possible to determine whether or not the requested 12 sessions would fall within those guidelines or exceed. There was no documentation that suggests that the patient has PTSD or Severe Major Depression. The requested treatment covers a span of time lasting for 6 months, this duration of treatment does not provide an opportunity for the ongoing assessment of medical necessity and patient improvement based on the treatment being provided as mentioned in the guidelines above so that treatment failures can be identified early an alternative treatment strategies can be pursued if appropriate. Because of these reasons, medical necessity of this request was not established.