

<b>Case Number:</b>	CM14-0026099		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/15/2004
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Doctor of 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 independent medical review, this patient is a 50-year-old female who reported an industrial/occupational related injury that occurred on April 15, 2004 during her normal work duties as a florist. The mechanism of injury was not provided. She has had an L5-S1 fusion with a revision in 2008. She has had spinal cord stimulator surgery and reports benefit from the device. She has been diagnosed with: Depressive Disorder, Recurrent, Moderate; Gastroparesis; Facet Arthropathy; Lumbar Radiculopathy, Failed Back Surgery Syndrome. She has been prescribed the psychiatric medications Cymbalta 90 mg and Topamax 100 mg b.i.d., and she is on multiple opiate pain medications. She reports depression, anxiety, memory loss. She has been receiving psychological care and a request for 12 additional sessions was made she reports that she is doing well with the psychologist and the like to continue her therapy and biofeedback sessions. Progress note from September 2014 from her primary treating physician mentions the same psychological symptoms with no change: depression, anxiety, memory loss. Under the category of psychological/psychiatric the report states "no recommendations at this time." There was no psychological or psychiatric notes contained in her medical records that were provided for this IMR. The request for 12 psychological sessions was made and not certified. The request was modified by utilization review to allow for six psychological sessions as an initial trial. This request for an IMR will be to review the utilization review decision to not certify the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 Psychological sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatments.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, 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 for Depression, psychological treatment guidelines, June 2014 update.

**Decision rationale:** According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identify 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. With evidence of objective functional improvement. An initial treatment trial is recommend consisting of 3-4 sessions to determine if the patient responds with objective functional improvements (up to 6 sessions according to ODG). Guidance for addition sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines recommend 13-20 sessions maximum for most patients; in some unusually complex and severe cases of Major Depression (severe intensity) or PTSD up to 50 sessions if progress is being made. The medical necessity of the request for 12 sessions of psychotherapy has not been established by the documentation provided. No documentation whatsoever was provided for this request from the patient's treating psychologist or from a Psychiatrist (if she is seeing one), there were no indications of prior sessions in terms of frequency, content, quantity, patient response, objective goals set, objective goals met, future treatment goals with planned dates of completion. In sum, there was absolutely no communication from the primary treating psychologist with regards to this request in any form. Her primary treating physician made several notations that the patient has been active in her psychological treatment and has been receiving therapy. There is a note that she is benefiting from her treatment and that biofeedback sessions were discontinued but were beneficial. No biofeedback notes were provided for this IMR. As best as can be determined, this appears to be a request for additional sessions in an ongoing, already in progress, course of psychological treatment. Because no treatment notes were provided from prior sessions to support this request it is not possible to establish the medical necessity of it. Therefore the request to overturn the utilization review decision is not supported. Therefore the request is not medically necessary.