

<b>Case Number:</b>	CM14-0018895		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	09/18/2001
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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. 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(n) 62 year old male, who sustained an industrial injury on 9-18-01. The injured worker was diagnosed as having cervical disc disease, facet syndrome, cervicalgia, headaches, post cervical laminectomy syndrome and anxiety. Medical records (4-1-13 through 10-18-13) indicated "significant" depression and anxiety attacks due to pain. The physical exam (4-1-13 through 10-18-13) revealed 9 out of 10 pain and tenderness of the paracervical, scalene and trapezius muscles. Treatment to date has included psychiatric treatments (since at least 7-1-13), Prozac, Xanax, Hydrocodone-Acetaminophen, Soma and Fentanyl patch. As of the PR2 dated 11-15-13, the injured worker reports ongoing, severe bi-frontal headaches and pain in his upper neck and back of head. The treating physician noted that the injured worker was seen by a psychiatrist and "it is important he undergoes psych treatments for anxiety and depression due to his ongoing pain and disability". Objective findings include a depressed mood and abnormal affect. The treating physician requested continued psych treatment. The Utilization Review dated 1-17-14, non-certified the request for continued psych treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Psych Treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: up to 13-20 visits over a 7-20 weeks (individual sessions), if documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to a meta-analysis of 23 trials. Decision: the request was made for "Continued Psych Treatment" the request was non-certified by utilization review which provided the following rationale: the current report does not provide information regarding treatments the injured worker has completed to date. Therefore, the medical necessity of the current request is not been established. This IMR will address a request to overturn the utilization review 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 including objectively measured functional improvements. The medical necessity of the request for "Continued Psych Treatment" cannot be established for the following reason: the quantity of sessions requested is not specified on the IMR application. All requests for psychological treatment reaching the IMR level need to contain the requested quantity of sessions otherwise it is considered to be the equivalent of an open-ended and unlimited request for which the medical necessity would not be established. In addition, no psychological treatment records were provided for consideration for this IMR. There were

no psychological records regarding his prior psychological treatment found. There was not a copy of his initial psychological evaluation nor were there any individual treatment progress notes more was there any treatment summaries or communication from the requesting and treating psychologist. It is not known how many sessions the patient has received of psychological treatment and what if any results were derived from those sessions. Requests for psychological treatment must be supported with documentation regarding the total quantity of sessions provided as well as specific information about subjective and objectively measured functional improvements that have been derived from prior psychological treatment. In this case none of these were provided. Therefore the medical necessity the request is not established. This is not to say that the patient does not require psychological treatment only that the medical necessity of this request was not supported due to a lack of documentation. For this reason the medical necessity was not established and the utilization review decision for non-certification is upheld and therefore is not medically necessary.