

<b>Case Number:</b>	CM14-0172825		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/25/2000
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 licensed 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 provided records, this patient is a 51 year old male who reported a work-related injury that occurred on January 25, 2000 during the course of his employment for [REDACTED] [REDACTED] the injury occurred to his low back and right shoulder while pushing a wheelbarrow. Medically, a partial list of his diagnoses include: lumbar post laminectomy syndrome; left lumbar radiculopathy and chronic pain syndrome with chronic opiate tolerance. This IMR will be focused on the patient's psychological symptomology and prior psychological treatment as they relate to the current requested intervention. According to the utilization review determination the patient has received at least 27 sessions of psychotherapy to date. The patient has psychological diagnoses including severe depression with suicidal ideation, significant weight loss and anxiety associated with severe pain. There is also a note indicating unspecified personality disorder. There is a notation from December 20, 2013 that the patient is improving with psychotherapy resulting in better communication with his wife and family increased ability to do chores such as picking up his children from school, grocery shopping and preparing of food. April 30, 2014 peer-reviewed notation that psychiatric sessions/follow-up since April 2008 has been authorized. The patient appears to have received 6 sessions in 2014 one time per month. Psychiatric medications include Adderall, Cymbalta, Lunesta, and Bupropion. The patient has been prescribed benzodiazepine anxiolytic medications including: Flurazepam and Lorazepam. There is mention of indication/possible concern of substance abuse followed by more several clean drug screens. According to a PR-2 urgent communication progress note from April 23, 2014 the patient was seen and made threats of nonspecific violence "there will be consequences" in regards to his difficulty in getting medications and procedures authorized and again with regards to his legal case. He was determined to be a potential risk to hurt himself or others by both who psychologist and primary treating physician. A treatment progress note from May 29,

2014 indicates "the patient continues to have homicidal ideation." A treatment note from the patient's primary treating physician from June 25, 2014 notes insurance not approving OxyContin and patient being given Norco instead and has severe depression. July 24, 2014 PR-2 "patient beginning to think of suicide for the 1st time in the many years that he has been treated." A request was made for psychotherapy one time a month for 4 months, the request was non-certified by utilization review; this IMR will address a request to overturn that determination.

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

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

#### **Psychotherapy monthly times 4: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatments Page(s): 100-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, cognitive behavioral therapy, see also psychological treatment. 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) allows for 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 requested treatment, there was no clear statement of the total number of treatment sessions at the patient is had to date by the treating Psychologist. Continued psychological care is contingent upon significant patient symptomology but also documentation of patient benefit from prior treatment which includes objective functional improvements. In addition, the total number of sessions provided needs to conform to treatment guidelines stated above. A utilization review report that stated that he had had 27 sessions, and it appears that subsequently there was at least 6 more. The accuracy of the quantity

of prior psychological sessions equaling 33 is somewhat suspect given the duration of the patient's injury. According to the official disability guidelines, the recommended duration of treatment for most patients is 13-20 maximum; however in some cases additional sessions up to 50 may be offered in cases of severe depression or PTSD, if progress is being made. The provided records suggest the patient has severe depression combined with poor control of anger and has made several threats and statements that have caused alarm in his treating physicians to the point of concern. There was very little documentation of the patient making progress in his psychological treatment. There was very minimal documentation objective functional improvements. There was one mention though of improved relationships with his family, being able to help with transportation with his children and engage in household chores and normal activities of daily living. No current treatment plan was provided for this request. There was no indication of the goals of further psychological treatment would consist of estimated dates of completion. The utilization review determination of non-certification is understandable given the glaring omission of these documents. However, there is also sufficient cause to allow for an exception. The medical necessity of the request does appear to be marginally established due to the severity of the patient's psychological symptomology, that the requested treatment quantity appears to still conform with treatment guidelines, and because there was some discussion of functional improvement although it was not adequately detailed. An exception can be also be supported because that the quantity of requested treatments (4 sessions) possibly still conforms with official disability guidelines and would likely bring the total to below 50 (again not entirely). These 4 additional sessions should be used to work towards treatment termination, and facilitate the patient's transition to independent psychological care. Because the medical necessity of the request was established, the utilization review determination for non-certification is overturned and the request for 4 sessions 1x a month approved.