

<b>Case Number:</b>	CM14-0194065		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	02/12/2003
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 medical records, this patient is a 57-year-old male who reported a work-related injury during the course of his employment with [REDACTED] on February 12, 2003. This IMR will be focused on the patient psychological symptomology as it pertains to the current requested treatment. He reports headache, pain in his neck, shoulders and low back, legs and soles of the feet. The most severe pain is located in his low back. According to the most recent PR-2 progress report from his treating psychologist, the patient's psychological status is unchanged, he is depressed and tearful sleeping 6 hours a night and says medications are helping. He reports in addition to depression loss of appetite with 5 pound weight loss and poor sleep, loss of libido and decreased sexual activity. Psychologically, he has been diagnosed with: Major Depressive Disorder, recurrent, unspecified; Psychological Factors Affecting Medical Condition. According to a treatment progress note from August 2014, the patient is described as tearful and having lost all interest in living with suicidal thoughts. He states that he is always in pain and feels worthless. He has also withdrawn socially and spends most of his day isolated in his room due to lack of energy, loss of motivation, severe physical pain. He reports feeling ashamed of having to take pain medications. A request was made for 20 sessions one per week, the request was no-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy One Session a Week times 20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, 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 co-morbid 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) 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. The medical necessity of the requested treatment was not established by the provided records. The requested 20 sessions exceeds recommended guidelines. There is no clear summary of the patient's prior psychological treatment history or indication of precisely how many treatment sessions that the patient has had to date. Without knowing the precise number of treatment sessions he has already received it is not possible to determine whether the requested 20 sessions exceeds the above stated guidelines. However, given that for most patients the guidelines recommend that 13-20 sessions is appropriate and that the request represents the maximum, this request alone without consideration of his recent prior treatment sessions quantity is the maximum recommended. Utilization review states patient received more than 20 sessions of psychotherapy in 2004. Psych treatment history from 2004-2012 is unknown. He received psychological treatment again in 2012, unknown quantity. According to a treatment progress note from 2014 he has recently been seen for 10 weeks suggesting that he has received at least 10 sessions. According to the Official Disability Guidelines "the provider should evaluate symptom improvement during the process so that treatment failures can be identified and alternative strategies can be pursued if appropriate." A block of 20 sessions does not allow for this kind of review. With regards to his prior treatments, there is not sufficient documentation of objective functional improvements. The patient's depression is presented as severe and he might be eligible for extended treatment but this request does not support it due to the above issues. Continued psychological treatment is contingent upon not only patient symptomology, but also the patient having derived significant benefit from treatment that would include documented objective

functional improvements and that requested quantity conforms to recommended guidelines. The request is not medically necessary.