

<b>Case Number:</b>	CM14-0201434		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	06/01/2001
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Psychologist (PHD, PSYD), 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:

This 63 year old female continues to complain of low back and bilateral upper extremity pain resulting from cumulative trauma that was reported on 6/1/2001. Diagnoses include fibromyalgia; myalgia and myositis NOS; chronic pain syndrome; and depression versus major depressive disorder. Treatments have included consultations; diagnostic studies; and medication management. The PR-2, dated 2/24/2014, notes subjective complaints to include continued total body pain; chronic fatigue; problems sleeping; morning gel phenomenon - 30 minutes; no new joint swelling; pain to hands; pain and stiffness to the neck and shoulders after driving; and low back pain rated 3/10. Objective findings revealed no new joint swelling, normal neurological examination, no rheumatoid arthritis deformities, and trigger point tenderness 12+. Diagnosis is noted to be myalgia and myositis NOS. The treatment plan included continuing Trepadone and Zonegram for fibromyalgia symptoms and for the injured worker to remain off work until the next office visit. The PR-2, dated 4/21/2014, noted no changes in the diagnosis, subjective complaints or in the objective findings, except for cervical tenderness and bilateral shoulder tenderness. The treatment plan was noted to continue Glucosamine/chondroitin and Zonegram for fibromyalgia symptoms. The Request for Authorization form, dated 4/23/2014 note a request for weekly Psychotherapy, 24 sessions, and on 10/15/2014, a request for Psychotherapy weekly for 18 weeks. No Progress notes for these dates were available for my review. On 10/31/2014, Utilization Review non-certified, for medical necessity, a request for Psychotherapy 1 x a week for 18 weeks citing that the clinical indication for this request could not be established. Stated was that there are no randomized controlled trials or other high quality evidence supporting the use of unimodal psychotherapeutic techniques in producing reliable functional improvements and/or reduction of disability with this type of chronic benign pain syndrome (Hoffman, B. M., et al 2007). The reviewer stated that the evaluation did not provide evidence that there are unique

indications, or that an exception should be made in this case and that the injured worker had already received an unknown number of treatments without clinically meaningful reliable functional improvements, and without it being made clear why bi-weekly Psychotherapy was necessary. Also noted is that although Fibromyalgia is an accepted injury, there is no quality epidemiological evidence that tender points/fibromyalgia, or closely related chronic widespread pain, are occupational conditions or work-related. ACOEM (2008) guidelines for chronic pain and occupational medicine practice guidelines were cited as noting that Psychotherapy is sometimes indicated for treatment/management of fibromyalgia syndrome, a meta-analysis, but that there is no comment on this in the submitted record; and that the reviewer was unable to establish a basis for continuing Psychological treatment. A referral for alternate treatment was provided.

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

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

**Psychotherapy 1 x week for 18 weeks:** 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 part 2, behavioral interventions, psychological treatment and cognitive behavioral therapy Page(. 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 recommend 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 request for additional psychological treatment consisting of 18 psychotherapy sessions, the request is not meet the standard of

medical necessity. No treatment progress notes from the primary treating psychologist or therapist were provided for consideration. The entire medical record consisted of approximately 24 pages primarily utilization review notations and determination summaries. No active treatment plan was provided with stated goals and expected dates of accomplishment nor were any specific session progress notes provided for consideration. The patient psychological symptomology and how it has been responding to psychological treatment was not documented. In addition, the request appears to be excessive as it reflects the maximum quantity of sessions that are considered to be sufficient for most patients, with no documentation of reasons why she may meet the criteria for an extended duration of treatment as stated in the official disability guidelines that may apply to patients with severe major depression or PTSD. Continued psychological care is contingent not solely upon patient exhibiting significant psychological symptomology but also based on the patient deriving benefit from prior treatment including objective functional improvements when applicable. In addition the total quantity and duration of treatment needs to conform to MTUS/ODG treatment guidelines. Because the provided documentation was insufficient and did not reflect medical necessity of this request, the utilization review determination for non-certification is upheld.