

<b>Case Number:</b>	CM14-0202116		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	05/12/2007
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Board Certified 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:

According to the provided records, this patient is a 34 year old female who reported a work-related injury that occurred on 05/12/2007 during the course of her employment. A partial/incomplete list of her medical diagnoses include lumbar degenerative disc disorder with radiculopathy, sleep apnea, failed spinal cord stimulation trial, medical comorbidity unspecified. This IMR will concern itself with the patient psychological treatments and symptoms as it relates to the current request. She is currently being treated with the medication Cymbalta 60 mg for depression and Ambien 10 mg for sleep. She has been diagnosed with the following psychological disorder: Pain Disorder Associated with Psychological Factors and a General Medical Condition. A PR-2 from her treating psychologist dated November 20 2014, states that the treatment consists of stress management principles, coping skills and strategies, and employing relaxation techniques, cognitive behavioral therapy. No information was provided regarding objective functional improvements or patient benefit from the treatment. There is no indication of progress being made in learning stress management principles or employing relaxation techniques in terms of benefit in pain reduction or reduce psychological symptomology. The treatment plan is stated that the patient should have a minimum of 8 sessions over the next 2 months. There is no indication of how much prior treatment she has already received, but progress notes reflect an ongoing treatment process dating back several years and suggesting treatment has occurred at least since 2012. The treatment plan does not contain any specific information regarding her treatment. Prior treatment notes from previous sessions were very similar in content indicating the patient reporting "severe depression secondary to living with chronic pain and dysfunction" A request was made for 4 weekly psychotherapy visits, the request was non-certified by utilization review with an explanation that the patient has been in psychological treatment since 9/29/2011 and that the medical records do not reflect any clinically

significant or sustained improvement in the patient's psychological issues as a result of prior treatment. This IMR will address a request to overturn the utilization review non-certification determination.

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

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

**4 weekly psychotherapy visits 60 minutes each: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, cognitive behavioral therapy; psychological treatment Page(s):. 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 request for 4 sessions of psychological treatment, the medical records that were provided for review indicate that the patient has received extensive psychological treatment over a span of at least 3 years. The total number of sessions at the patient has received was not documented. This information is important as it determines whether or not additional sessions would fall within accepted treatment guidelines. Guidelines for continued psychological treatment suggest that for most patients a course consisting of 13 to 20 sessions is adequate, however in some cases of severe symptomology additional sessions up to 50 can be provided if there progress being made in treatment. As best as could be determined the patient has been receiving treatment since September 2011 at a

minimum. It is not clear if she had any prior courses of psychological treatment between the time of her injury in 2007 and September 2011. She has, it would appear, already received more than the maximum number of sessions suggested for patients with severe symptomology. The provided psychological treatment progress notes do not discuss a cohesive treatment plan with specific goals and expected dates of accomplishment. The patient's benefit and progress from treatment is not sufficiently documented to evidence of medical necessity. Continued psychological care is contingent upon medical necessity as evidence by severity of a patient's psychological symptomology, documentation of benefit including objectively measured functional improvements from prior treatment, and that the total quantity of sessions falls within the guidelines recommendations. Because this request exceeds guidelines for quantity/duration and there is insufficient documentation of objective functional improvement, the medical necessity was not established for this request. Because the medical necessity was not established the request for 4 weekly psychotherapy visits 60 minutes each is not medically necessary.