

<b>Case Number:</b>	CM14-0081425		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 medical records as they provided for this IMR, this patient is a 40 year-old male who reported a work-related injury that occurred on July 9, 2010. He reports low back pain that radiates down the right leg to the knee with associated numbness and tingling. The cause of the industrial injury was not stated in the records provided for consideration. He is status post lumbar fusion surgery. He's been diagnosed with failed back syndrome with lower extremity radiculopathy. This IMR will focus on the patient's psychological symptomology as it pertains to the requested treatment. He reports chronic depression, insomnia, low testosterone, and was noted to be in need of a detoxification program (now completed). He reports significant anxiety, panic attacks, depression, inability to concentrate, and poor quality of sleep. Psychiatric medications include Wellbutrin 300 mg Xanax 1 mg and Ambien 12.5 mg. PR-2 progress report from January 6, 2014 mentions that the patient states he's been having increasing panic attacks especially over the past 2 weeks. It indicates that was taking the opiate pain medication dilaudid 2 to 3 times a day in addition to the OxyContin and that he receives no significant benefit from the Xanax and would like to change it back to Valium which was more effective. The progress note further states the patient is also "under the care of counseling" and is attending 2 times a month with a total of 12 sessions. He indicates that counseling in conjunction with the slight alteration in his medication regime will help his panic disorder and allow him to contribute more fully and cooperatively in the better manner with his activities of daily living as well as his relationship with his family." A similar note from February 3, 2014 indicates the patient is to continue his psychological treatment. A progress note from May 2014 indicates that he discontinued opiate medications following a six-day inpatient detoxification program funded by his private insurance and that he is continuing to participate in psychological therapy. It is unclear when his psychological treatment originally started however it there is a request on

9/11/13 for 12 sessions that appears to be a continuation of treatment and was non-certified. He has been diagnosed with Anxiety Disorder Not Otherwise Specified with Mixed Anxious and Depressive Features; in Panic Disorder without Agoraphobia. There were no mention of psychological treatment after May 2014. No actual psychological treatment notes were provided detailing his psychological treatment history directly from the treating provider. All discussion of his psychological treatment was from his primary treating physician. Prior history of psychological treatment was not detailed and there was no indication of objective functional improvements resulting from prior treatment or the quantity or/duration of prior psychological treatment. No treatment plan with expected dates of goal accomplishment was provided regarding the current requested treatment. Treatment methodology and patient response was not provided. A request was made for psychotherapy treatment 3 times a week for 6 weeks, quantity 18; the request was non-certified by utilization review; this IMR will address a request to overturn the utilization review decision.

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

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

**Psychotherapy treatment, 3 times a week for 6 weeks, QTY: 18 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy Guidelines for Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, 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 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) 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 is not supported by the documentation provided for this review. Although over 300 pages of medical notes were provided the vast majority of them were from the patient's detoxification program. No medical records were provided from the patient's primary treating psychologist regarding prior psychological care. Although there were references made by the primary treating physician without documentation from the treating psychologist with regards to the quantity/duration/outcome of prior psychological treatments medical necessity of the request could not be established. As stated in the above mentioned guidelines, most patients can be offered 13-20 visits over a 7-20 week period of individual sessions. It is unclear how much prior psychological treatment patient is already had and whether or not he has been benefiting from it. In addition, the requested treatment for 3 times a week is excessive and there was no specific rationale or justification provided for the intensive amount of psychological treatment being requested. The total number of visits being requested was 18, this falls into the maximum course of most outpatient psychological treatments without allowing for the ongoing process of evaluating symptom improvement. The patient does appear to have successfully detoxed from opiate medication, however his current status of with regards to this is unknown and his current symptomology may have changed substantially and significantly as a result of his detoxification. Clinical information regarding the patient's psychological condition and status is not current. Because the request exceeds recommended guidelines in quantity and there was not supporting documentation detailing prior treatment response and duration, and there was no treatment plan specifically discussing the objectives of the requested treatment, the medical necessity was not established and therefore the request to overturn the utilization review determination is not approved.