

<b>Case Number:</b>	CM15-0002624		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	01/03/2009
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Psychologist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is 57 year old female who sustained an industrial related injury on 1/3/09 after a trip and fall accident. A physician's report dated 1/29/09 noted the injured worker had complaints of low back pain that radiated to the left leg. The injured worker was taking wellbutrin SR. The diagnosis was lumbar strain status post lumbar foraminotomy. Only one medical report was provided for review. On 1/6/15 the treating physician requested authorization for psychotherapy x10 sessions. On 12/16/14 the request for psychotherapy x10 sessions was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted details regarding psychological issues are limited and past treatment as well as specific response to any past treatment are unclear. There is no submitted comprehensive psychological evaluation to determine specific psychological issues that support the need for the requested intervention. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x 10 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines; see al. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy psychotherapy guidelines December 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 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. With respect to this patient's psychological treatment, the patient appears to have already received extensive psychological care. Although the total number of treatment sessions that has been provided for this patient was not able to be accurately determined by the medical records that were provided, it appears that have a very minimum at least 71 sessions have been provided. The MTUS treatment guidelines recommend a total duration of treatment consisting of 10 sessions for most patients. The official disability guidelines recommend a range from 13 to 20 sessions for most patients. There is a exception that is allowed in cases of severe psychopathology, and using the most generous guideline maximum reserved for those cases of severe major depression, a maximum treatment of 50 sessions is suggested as long as progress is being made and is documented. Because an additional 10 sessions would bring the total to at least 81 if not more exceeding the maximum by 31 sessions or greater, additional treatment is not consistent with the disability guidelines that are used to make these decisions. Continued psychological care is contingent upon 3 factors: patient significant psychological symptomology, patient benefiting from prior psychological treatment, and is the total duration and quantity falls within the above stated guidelines. Because the conditions of this last issue are not met, the medical necessity of continued psychological treatment is not established and therefore the utilization review determination is upheld.