

<b>Case Number:</b>	CM15-0009335		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/17/1998
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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 a 62 year old male, who sustained an industrial injury on 09/17/1998. He has reported pain in the neck, upper back, lower back, and knee. The diagnoses have included lumbago; myalgia and myositis unspecified; joint pain hand, cervicobrachial syndrome; major depression; anxiety disorder; and pain disorder associated with both psychological factors and a general medical condition. Treatment to date has included medications, epidural steroid injections, and psychotherapy sessions. Medications have included Tramadol, Tizanidine, Pantoprazole, Bupropion, Diazepam, and Duragesic patches. A progress note from the treating physician, dated 12/15/2014, documented a consultation with the injured worker. The injured worker reported anxiety and depression. Objective findings included exacerbated symptoms since last report, including anxiety, depression, and somatic complaints with significant impairment in activities of daily living. The treatment plan has included request for Individual Monthly Psychotherapy and follow-up evaluation. On 01/08/2015 Utilization Review noncertified a prescription for Individual Monthly Psychotherapy. The CA MTUS Chronic Pain Medical Treatment Guidelines, Chapter 12 was cited. On 01/15/2015, the injured worker submitted an application for IMR for review of a prescription for Individual Monthly Psychotherapy .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Monthly Psychotherapy \*\*RUSH\*\*:** 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. See also cognitive behavioral therapy. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, February 2015 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. Decision: The medical records provided for this review were carefully considered. The medical records consisted of only 13 pages in total. According to a request for authorization for continued treatment from the patient's primary treating psychologist [REDACTED] on July 31, 2014 it is noted that: "no change since the report of to 2/26/14, that is psychiatric symptoms remain slightly improved. Monthly psychotherapy sessions are requested because treatment "provide some relief from pain offers the ability for the expression of emotions of the patient is not freely able to express elsewhere (particularly due to concern with overburdening his family), and it continuously attempts to facilitate reintegration into society. 2 (support the efforts of his primary treating physician particularly his recommendations outlined in the 7/16/02 report is a main goal of treatment; 3 (continue to explore the possibility that the patient will indeed improve, psychologically, and reach a point where further surgical procedures (previously recommended) would be psychologically possible, if a medical/physical needs still exists); and 4 (likely prevent relapse and suicidal behavior in the absence of treatment." Several several dates of service were mentioned one per month between December 2013 and July 2014 total of 6 sessions. Request for authorization for continued treatment was provided from December 15, 2014 with the exact same treatment plan and a notation of symptoms exacerbated since the previous report in July 2014. Additionally it is noted of 6 additional treatment sessions. Thus, these 2 requests for authorization comprise the entire

documentation that was received for consideration for this independent medical review. The medical records provided for this review are insufficient in supporting the medical necessity of the request. Medical records do not reflect any change in treatment goals or updating it over a six-month period. The medical records do not reflect objective functional improvement were significant patient benefit from treatment. Is not to say that there was no improvement it's just that none was documented or discussed if any occurred. The provided medical records do not discuss any of the important issues being addressed or give any timeframe for resolution of the patient's treatment and transitioning him to independent psychological care. Continued psychological treatment is contingent on documentation of all of the 3 following factors: evidence of significant patient psychological symptomology, that the total duration of treatment sessions provided and form with the above stated guidelines for quantity, and evidence of significant patient benefit including objective functional improvements as a direct result of prior psychological treatment. None of these conditions were adequately addressed with the documentation provided for consideration and therefore the medical necessity of the request is not established. Because the medical necessity the request was not established the utilization review determination for non-certification is upheld.