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| <b>Case Number:</b>   | CM15-0102526 |                              |            |
| <b>Date Assigned:</b> | 06/04/2015   | <b>Date of Injury:</b>       | 11/17/2008 |
| <b>Decision Date:</b> | 07/03/2015   | <b>UR Denial Date:</b>       | 05/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/28/2015 |

### 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 56 year old female, who sustained an industrial injury on 11/17/2008. She reported a cumulative trauma injury to her bilateral upper extremities. The injured worker is currently not working but actively looking for a job and considered permanent and stationary. The injured worker is currently diagnosed as having bilateral forearm pain status post lateral epicondylectomy x 2 and status post bilateral radial nerve release and bilateral hand pain status post bilateral carpal tunnel release. Treatment and diagnostics to date has included negative electrodiagnostic studies of bilateral upper extremities in 2010 and 2014, multiple upper extremity surgeries, physical therapy, psychiatric treatment, and medications. In a progress note dated 05/07/2015, the injured worker presented with complaints of bilateral upper extremity pain and depression secondary to chronic pain levels and states she is doing well with medications. Objective findings include elbow tenderness bilaterally and pain with resisted wrist extension. The treating physician reported requesting authorization for psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten psychotherapy (10 sessions) for symptoms related to wrists and hands as outpatient:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 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 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for: "10 psychotherapy (10 sessions) for symptoms related to wrists and hands as outpatient." The request was noncertified by utilization review with the following provided rationale: "...the treatment plan included a request authorization for 6 to 10 sessions of psychotherapy as recommended by [REDACTED] during the qualified medical examination on December 10, 2014. This examination is nearly 6 months old it would be considered outdated." This IMR will address a request to overturn that decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. According to a comprehensive psychological evaluation conducted by psychiatrist [REDACTED] [REDACTED] on December 4, 2014. The patient was diagnosed with: Depressive Disorder, not otherwise specified. She was identified as a patient who would likely benefit from a course of psychological treatment. It was recommended at that time that "the patient have a course of cognitive-directed therapy from 6 to 10 sessions with a PhD level psychologist to help plan for the future 60 months as she attempts to restore her functioning more

optimistically and confidently." This is to include an assessment as to how to help her to get off of narcotic medications. Based on the provided medical records it does not appear that these treatment sessions have occurred. In addition it does not appear that any other prior psychological treatment for her industrial related injury has occurred. This patient does appear to be a properly identified patient who may benefit from psychological treatment. The request itself does not follow the proper MTUS/official disability treatment protocol which recommends that an initial treatment trial consisting of 3 to 4 sessions (MTUS) or up to 4-6 sessions (ODG). The purpose of the initial brief treatment trial is to establish whether or not the patient is benefiting from the treatment before a longer course of psychological treatment is utilized. Contingent upon documentation of the patient benefited including objectively measured functional improvement to the extent reasonable given a short course of treatment is needed in order to authorize additional sessions. This request is for 10 sessions and therefore does not comply with the recommendation for a brief initial treatment trial. Although this would be under most situations would require disallowing the overturning of the utilization review determination and exception can be made in this case due to excessive delay in getting her mental health treatment started.

The utilization review rationale for non-certification is based on that the information supporting the request is out of date by 6 months is insufficient on its own without further reasons to not provide treatment for this patient. It is not clear why the delay occurred but without evidence that it was somehow the patient's fault the determination to not approve treatment based on this factor appears to be insufficient. The medical records do contain sufficient evidence of the patient struggling with psychological symptoms as well as coping with her industrial related injuries which have resulted in 6 surgeries. Having to repeat the psychological evaluation at this juncture would create additional delays unnecessarily given the preponderance of evidence in the medical records which suggest the psychological treatment is appropriate. For this reason the medical necessity the request is established and therefore the utilization review determination of non-certification is overturned and is therefore medically necessary.