

<b>Case Number:</b>	CM15-0105149		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	08/17/1992
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 66 year old male, who sustained an industrial injury on 08/17/1992. He reported injuries to his cervical spine, lumbar spine, and upper extremities. The injured worker is currently off work. The injured worker is currently diagnosed as having major depressive disorder, anxiety, post-traumatic stress disorder, diffuse cervical disease with stenosis, L4-L5 spondylolisthesis, left L5 radiculopathy, L5-S1 disc disease and herniation, and left shoulder glenohumeral arthritis. Treatment and diagnostics to date has included left shoulder MRI which showed degenerative osteoarthritis of the glenohumeral joint, psychotherapy, and medications. In a progress note dated 04/22/2015, the injured worker presented with complaints of agitation, anxiety, and depressive symptoms. Objective findings include limited movement in both arms and awaiting authorization for left shoulder replacement. The treating physician reported requesting authorization for continued psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **5 Outpatient Psychotherapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress: Psychotherapy for MDD (major depressive disorder) (2015).

**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. A request was made for 5 outpatient psychotherapy sessions; the request was non-certified by utilization review with the following provided rationale: "The patient has been utilizing psychotherapy since 2003. Within the past year, 18 sessions have been reported being made. Although the patient suffers from chronic pain and major depressive disorder there is a lack of evidence that supports benefits being made." This IMR will address a request to overturn the utilization review 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 sessions including objectively measured functional improvements. The provided medical records do not establish the medical necessity of the requested treatment. According to a primary treating physician's progress note regarding his psychological treatment from the patient's Clinical Psychologist January 14, 2015 he is noted to be working hard in treatment and is proven to be motivated to learn and practice cognitive and behavioral interventions provided in treatment. He's noted to be somatically preoccupied and agitated in the session as well as tangential and struggling to maintain coping mechanisms and feelings of control while waiting for authorization of left shoulder replacement surgery. Another psychological treatment progress note from Gregory 25 2015 notes that the treatment is focusing on increasing coping and pain management skills, physical limitations, and

assisting them to prepare for left shoulder surgery. A similar treatment progress note from April 22, 2015 was found. The treatment progress notes provided do not meet the criteria of medical necessity. They do not provide an accurate description of how many sessions the patient has received and how long the patient has been in treatment to date. The progress notes do not reflect objectively measured functional improvements as a direct result of the treatment that has been received. The treatment plan does not include goals with estimated dates of accomplishment nor do they reflect prior goals that have been accomplished as a result of previous treatments therapy. For these reasons the standard of medical necessity is not established and therefore the utilization review decision of non-certification is upheld. This is not to say that the patient does, or does not, require additional psychological treatment only that the establishment of medical necessity was insufficiently documented by the medical records reviewed and received for this IMR.