

<b>Case Number:</b>	CM15-0109377		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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 48-year-old male, who sustained an industrial injury on 8/2/12. He reported neck and low back pain after falling from scaffolding onto cement floor. The injured worker was diagnosed as having right wrist complete arthroscopic synovectomy, lunate triquetral arthroplasty, reconstruction of unstable lunate triquetral ligament, capsulorrhaphy of mid carpal and ulnar carpal joint, open reconstruction of right TFCC complex ulnar tear, chronic low back pain, soft tissue stabilization, cervical sprain and head trauma, lumbar disc desiccation, posttraumatic headache, status post lumbar spine surgery, cervical spondylosis, severe C6-7 right sided foraminal stenosis and status cervical spine surgery. Treatment to date has included oral medications including opioids, insertion of cervicocranial traction, back support, physical therapy and home exercise program. (MRI) magnetic resonance imaging of cervical spine performed on 3/4/15 noted mild segmental stenosis of C5-6 and mild right foraminal narrowing of C6-7. Currently, the injured worker complains of continued numbness and tingling down into shoulders and armpit with radiation to index and middle fingers of bilateral hands, increasing since his surgery 4/15/15. He rates the pain 9/10. He is temporarily totally disabled. Physical exam noted well healed recent surgical scar at anterior side of neck, tenderness to palpation of bilateral AC joint and restricted range of motion of lumbar spine due to lumbar corset, tenderness and stiffness and tightness on sides of the scar and decreased sensation in right lateral side of the right below knee area. A request for authorization was submitted for Norco, Flexeril, Prilosec, Amitriptyline and 20 psychological counseling sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy (10-12 visits): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain; Psychological treatment.

**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 is made for psychotherapy (10 to 12 visits) the request was noncertified by utilization review with the following provided rationale: "the patient states that due to the recent surgery as well as continuous disability he has been going through a lot more problems at home. He states that he does not know how to control his stress and is easily irritated, therefore he takes it out on his family. The patient states that he feels it is not fair to them to have to deal with him and his anger and irritation during this condition. The patient states that he feels he really needs some form of help. The medical records indicate that the patient has completed 12 sessions of psychotherapy treatments to date. The request for psychotherapy sessions at this time is supported to reeducate the patient and pain coping mechanisms. Following peer discussion, four (4) sessions were agreed upon. This IMR will address a request to overturn the utilization review determination of modification of the request for 10 to 12 visits. 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 including objectively measured

functional improvements. According to a primary treating physician progress note from April 29, 2015 his treating physician states that "because of the previous surgery as well as this surgery he is going through a severe psychological stress and he was seen and evaluated by a psychologist who is recommended continued sessions of psychotherapy which I have requested in my last visits and am requesting that the patient should be authorized for at least 10 to 12 visits of psychotherapy. "All the medical records were provided for consideration for this IMR were carefully reviewed, it does appear that continued psychological treatment is appropriate and medically necessary for this patient. However, the medical records that were provided for consideration did not contain any psychological treatment progress notes. The patient appears to received 12 sessions to date. However because there is no information regarding the results of those treatment sessions in terms of objective functional improvement the request for an additional 10 to 12 sessions cannot be authorized without further documentation of patient benefit from psychological treatment. Utilization review has allowed for a modification of the request to issue for more sessions. The official disability guidelines recommend that a course of psychological treatment consists of 13 to 20 visits maximum for most patients, however it is also noted that in cases of severe major depression additional sessions up to 50 can be offered with documentation of objectively measured functional improvement (increased activities of daily living decreased dependency on medication and future medical care increased home-based exercise program, reduction in work restrictions etc. ) because of the absence of any psychological treatment progress notes the medical necessity of this request was not established due to the requirement of providing evidence of patient benefit from treatment. The issues of psychological symptomology appears to be adequately satisfied however the issue of quantity of treatment sessions provided need to be also followed based on the above stated guidelines. For these reasons, the medical necessity the request is not established and utilization review determination is upheld. The request is not medically necessary.