

<b>Case Number:</b>	CM15-0133431		
<b>Date Assigned:</b>	08/19/2015	<b>Date of Injury:</b>	09/22/2000
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 38-year-old male, who sustained an industrial injury on 9-22-00. The injured worker has complaints of lower back pain that radiates to his bilateral lower extremity. The injured worker has numbness and tingling in his legs, especially the right leg. The diagnoses have included other chronic pain. Treatment to date has included norco; lyrica; carisoprodol; omeprazole and transcutaneous electrical nerve stimulation unit. The request was for psychopharmacology management 3 sessions and cognitive behavioral therapy 24 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychopharmacology management 3 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), office visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. Decision: although continued psychiatric treatment appears to be medically necessary for this patient, not a single communication from the patient's treating psychiatrist was provided for consideration regarding this review. Although the hundred plus pages of medical records did contain many communications from the patient's treating psychologist and primary treating medical physician, there were no psychiatric treatment notes provided, nor was there any psychiatric treatment history report or detailed information regarding the use of psychotropic medication including dosage and his response to medications. In the absence of any communication from the patient's treating psychiatrist, the medical necessity of additional sessions cannot be established. This is not to say that the patient does not need psychiatric treatment, based on the noted severity of his major depressive disorder it appears to be indicated, but there was insufficient documentation provided to overturn the utilization review decision which modified the request for three psychopharmacology management sessions to allow for one session of psychopharmacology management. Should an additional sessions be requested, the request must be supported with documentation regarding the patient's psychiatric treatment. For this reason the medical necessity the request is not established in the utilization review decision is upheld. The request is not medically necessary.

**Cognitive behavioral therapy 24 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CBT, mental illness and stress.

**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 Official Disability Guidelines (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 cognitive behavioral therapy 24 sessions, the request was non-certified by utilization review provided the following rationale: while the patient's psychological presentation is noted, the records indicate that the patient has completed at least 49 cognitive behavioral therapy sessions this year without documentation of meaningful functional improvement. The records reflect that the patient experienced some benefit from therapy but continued with setbacks every few visits and overall continued with the same complaints. The guidelines state that up to 50 visits may be recommended for post-traumatic stress disorder and major depressive disorder if progress is noted. Based on the aforementioned, the request for 24 cognitive behavioral therapy sessions is recommended non-certified." 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 including objectively measured functional improvements. The request for 24 sessions of cognitive behavioral therapy exceeds guidelines in the context of the utilization review notation that the patient has already received 49 sessions this year of the requested treatment modality. The industrial guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions maximum for most patients. An allowance can be made in cases of severe PTSD or severe major depression to allow for a maximum of 50 sessions total. The patient has already been afforded that extended treatment course and an additional 24 sessions would bring the total far beyond the maximum recommended for most severe cases. No active treatment plan was provided with specific goals and estimated dates of accomplishment, treatment progress notes were minimal and did not reflect significant objectively measured functional improvement. Although the patient is reported to remain psychologically symptomatic at a clinically significant level this request exceeds recommended guidelines per MTUS and official disability guidelines and therefore the medical necessity is not established on the basis and the utilization review decision is upheld. The request is not medically necessary.

