

<b>Case Number:</b>	CM15-0134155		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	12/06/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/12/2015
<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 47 year old female with an industrial injury dated 01/01/2010-01/15/2015 (cumulative trauma). The injury is documented as repetitive motion of placing paper on trays, baking bread, prepping food, cutting bread, pushing trays and carrying 4-20 pounds consistently. She notes pain in her neck, shoulders, arms, hands and lower back due to repetitive motion. Her diagnoses included cervical sprain, cervical radiculopathy, lumbar sprain, lumbar radiculopathy, bilateral shoulder impingement and bilateral wrist tendinitis, status post left carpal tunnel release surgery. Comorbid diagnoses included high blood pressure and diabetes. Prior treatment included physical therapy and medications. She presents on 01/29/2015 with complaints of intermittent pain in the neck which radiates to bilateral shoulder blades, arms and hands. She also complains of frequent headaches. She noted pain in bilateral shoulders, bilateral arms and bilateral hands and wrists. Other pain included low back pain radiating to bilateral legs. Physical exam of the cervical spine noted spasm and tenderness and discomfort with range of motion. Tenderness was noted at both shoulders with bilateral impingement, bilateral Hawkins and bilateral Yergason's signs being present. There was bilateral tenderness over the distal radius and carpus. Bilateral Phalen and bilateral reverse Phalen testing were positive. There was spasm and tenderness noted on lumbar exam. Treatment plan included physical therapy, MRI and a psychological evaluation with psychotherapy. The treatment request is for psyche treatment. The provider documents the psychological evaluation is being requested due to exposure to chronic pain for longer than three months.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psyche treatment:** Upheld

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

**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. A request was made for "psyche treatment" the request was not approved by utilization review provided the following rationale for its decision: "clean review reveals that the claimant was certified for psychological evaluation for depression/anxiety on March 5, 2015 and in the case discussion it was noted that this took place in April 2015. However, there is no psychological evaluation submitted for review. Psychological treatment is not recommended without review of the recommendation and finding from the evaluation." This IMR will address a request to overturn the utilization review decision all the provided medical records. A comprehensive psychological evaluation was found that was completed on April 23, 2015. She was diagnosed with the following psychological/psychiatric disorder: Adjustment Disorder with Mixed Anxiety and Depressed mood. She was recommended at that time to begin 6 cognitive behavioral therapy and relaxation training sessions consistent with industrial guidelines. Patient has been properly identified as someone who may benefit potentially from psychological treatment. Based on the provided

documentation psychological treatment is indicated. However this request was stated as "psyche treatment" there is no specific quantity of sessions being requested. All requests for psychological treatment to reach the IMR level (which is an all-or-none process without possibility of modifications in contrast to the utilization review), must have a specific quantity of sessions that is being requested written on the request for IMR. Otherwise this basically is a request for unlimited and open-ended treatment for which the medical necessity is not established. Because there is no requested quantity clearly stated on the IMR application medical necessity of open ended in unlimited psyche treatment is not established and therefore utilization review decision is upheld. This is not to say that the patient does, or does not require psychological treatment only that the request is not medically necessary or established for the above-mentioned reason.