

<b>Case Number:</b>	CM15-0137992		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	06/22/1991
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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 June 22, 1991. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having major depressive disorder, spinal cord injury, myalgia, chronic pain syndrome, lumbar degenerative disc disease, and thoracic degenerative disc disease. Treatment and diagnostic studies to date has included use of a transcutaneous electrical nerve stimulation unit, use of moist heat, medication regimen, use of ice, and psychotherapy. In a progress note dated January 26, 2015 the treating psychologist reports complaints of depression with flat affect as seen by his dysphoric mood. The injured worker also has complaints of memory and concentration secondary to his gastrointestinal, oncology, and cardiovascular issues. The treating psychologist noted that the injured worker's individual psychotherapy has been beneficial to the injured worker, but the documentation did not indicate the specific improvements with the individual psychotherapy. The treating physician requested six (6) more sessions of individual psychotherapy noting that the injured worker has benefitted from the individual psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) more sessions of individual psychotherapy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Psychological Treatment, page 101-102. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, March 2015 update.

**Decision rationale:** Criteria/Guidelines the MTUS offers the following recommendations: Psychological Treatment: Recommended for appropriately identify patients during treatment for chronic pain. Psychological intervention for chronic pain include setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing: morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short- term effect on pain interference and long-term effect on return to work. The following "stepped- care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers and how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with the psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continue therapy (including the above psychological care). Intensive care may be required from mental health professionals allowing for a multidisciplinary treatment approach. ODG psychotherapy Guidelines: Up to 13-20 visits over a 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process so treatment failures can be identified early an alternative treatment strategies can be pursued if it.) In cases of severe major depression or PTSD up to 50 sessions if progress is being made. A request was made for 6 additional psychological treatment sessions. The request was non-certified by utilization review the following rationale provided: "The patient has surpassed the general guideline recommendation for appropriate course of care of this type. Additionally, the patient was previously provided 5 sessions to allow for a step down period aimed at termination. There is a lack of clear documentation of findings suggestive of the appropriateness of medical necessity of continued care at this time." This IMR will address a request to overturn the utilization review decision. It was reported in the medical records that the patient has received 30 sessions, or more during this most recent course of psychological treatment for his industrial injury; it appears, but could not be confined, that the patient has received prior courses of psychological treatment since the time of his injury on an industrial basis. This current course of psychological treatment appears to have been active at least since 2012 if not longer. 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. Although the patient, according to the provided medical records, appears to have benefited from psychological treatment received, the total duration and quantity of the treatment

provided already to date appears to exceed the industrial guidelines for this injury and psychological diagnosis. This is not to say that the patient does not require additional psychological treatment only that due to excessive quantity and duration, the medical necessity of this request at this juncture is not established. Therefore, because the medical necessity is not established, the utilization review decision is upheld.