

<b>Case Number:</b>	CM15-0146446		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	10/31/2008
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 43-year-old female, who sustained an industrial injury on October 31, 2008, incurring upper back, lower back and left knee injuries after a motor vehicle accident. She was diagnosed with a cervical spine sprain with left upper extremity radiculitis, multi-level disc bulges and degenerative disc disease, cervical disc bulging, cervical stenosis, lumbar spine strain with left lower extremity radiculitis, lumbar disc bulging, scoliosis, and left knee patellofemoral arthralgia. Treatment included physical therapy, home exercise program, pain medications, muscle relaxants, antidepressants, sleep aides, back bracing, and activity modifications. Currently, the injured worker complained of increased anxiety, severe insomnia, flashbacks and nightmares. She was diagnosed with recurrent major depression. The treatment plan that was requested for authorization included psychotherapy six office visits in three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 1; 1, (6) office visits/3 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions.

**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: According to the provided medical records the patient has not received any prior cognitive behavioral pain management or psychotherapy. Utilization review decision modified the request for 6 sessions to allow for 4 sessions to be consistent with the MTUS and ODG guidelines which recommend an initial brief treatment trial be initially tried consisting of 3 to 4 sessions MTUS or 4 to 6 sessions Official Disability guidelines. She has been diagnosed with Major Depression, Recurrent; rule out Post Traumatic Stress Disorder. As best, as can be determined, the patient has not received any prior psychological treatment for this industrial injury based on limited medical records that were provided. She has received significant psychiatric treatment under the care of [REDACTED] will be recommending this treatment. Utilization review modifies the request for 6 sessions so that would be consistent with MTUS guidelines, which recommend an initial brief treatment trial consisting of 3 to 4 sessions. The MTUS guidelines and the official disability guidelines for recommend that an initial brief treatment trial be offered in order to determine whether or not the patient response to treatment with objectively measured functional improvement. After the completion of the initial brief treatment, trial additional sessions can be offered contingent upon the establishment of medical necessity. Because this request slightly exceeds the MTUS guidelines for the initial treatment trial, the utilization review decision is upheld and the request is not medically necessary.