

<b>Case Number:</b>	CM15-0148566		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 58 year old male, who sustained an industrial injury on 12-13-12. He has reported initial complaints of a low back injury after lifting a large television. The diagnoses have included low back pain, right radiculopathy, lumbar disc bulge, stress and anxiety. Treatment to date has included medications, activity modifications, diagnostics, epidural steroid injection (ESI), psychiatric, mental health psychotherapy, and conservative care. Currently, as per the physician psychiatric psychotherapy note dated 5-21-15, 5-28-15 and 6-11-15, the injured worker continues to report progress as a result of Cognitive Behavioral Therapy (CBT) sessions. It is noted that he has significant symptoms of depression and anxiety resulting from his work related injury. The focus of therapy is on anxiety reduction and cognitive restructuring. The physician notes that he will need 12 additional sessions to reach or maintain the gains he has achieved and to further reduce the symptoms. The physician requested treatment included Psychotherapy times 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy (12 sessions):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**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:** Citation Summary: 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 psychotherapy times 12 sessions, request was non-certified by utilization review with the following provided rationale for its decision: "there are no randomized controlled trials of either high-quality evidence supporting the use of unimodal psychotherapy techniques and producing reliable functional improvements and or reduction of disability with this type of product benign pain presentation." The submitted documentation does not provide evidence that there are unique indications for that an exception should be made in this case. To with, nine or 10 psychotherapy sessions a party been provided to date and there is no indication documentation of clinically meaningful objective functional improvements. 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. According to an August 14, 2015 communication from the patient's primary treating psychologist regarding the utilization review decision it was noted that "he was responding positively to cognitive behavioral therapy focusing on meets after mention symptoms (depression and anxiety), including inability to sleep, family friction, low self-esteem, black means, or eating and hopelessness that impairs normal functioning. He needs 12 additional

sessions." The need for additional psychological treatment was also reportedly supported by the patient's EAP at work. According to a December 29, 2014 initial comprehensive psychological evaluation, the patient was injured lifting of television settling over 200 pounds and has resulted in chronic pain condition resulting in psychological symptomology, including Depressive Disorder Not Otherwise Specified with Anxiety. According to the provided medical records the patient appears to be continuing to have psychological symptomology the clinically significant level, the total quantity of sessions already provided to date in conjunction with the requested sessions do not appear to exceed the recommended ODG guidelines for this treatment modality, and it does appear to be sufficient evidence of patient benefit from prior treatment including functional improvement. The exact quantity of sessions at the patient has received to date is not clearly stated in the medical records however it appears to be under or equal to six sessions. Future communications must contain this information in order to determine how much treatment the patient has received to date. According to the official disability guidelines course of psychological treatment in most cases should consist of 13 to 20 sessions however, an exception for an extended course of treatment sessions can be offered in some cases of severe psychopathology. In this case, the patient does not appear to received an adequate course of psychological treatment. For these reasons, the medical necessity the requested treatment has been established and therefore the utilization decision for non-certification is overturned. Therefore, the requested treatment is medically necessary.