

<b>Case Number:</b>	CM15-0162211		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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:

This 41 year old male sustained an industrial injury on 8-01-12. He subsequently reported low back pain. Diagnoses include thoracic or lumbar neuritis or radiculitis. Treatments to date include MRI testing, injections, physical therapy and prescription pain medications. The injured worker has continued complaints of low back pain. The pain radiates to the bilateral lower extremities. There is also pain in the upper neck reported. Upon examination, there was decreased sensation to pinprick on the right lateral calf compared to the left. Gait was antalgic. There was tenderness to palpation along the spinous process L4-5 with radiation down the bilateral legs. Straight leg raising was positive bilaterally. A request for Psychotherapy 2-3 x Wk x 6Wks was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 2-3xWk x 6Wks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions 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:** 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 2 to 3 times per week for 6 weeks (the equivalent of 12 to 18 sessions); the request was non-certified by utilization review which provided the following rationale for its decision: "behavioral intervention is recommended" With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks (individual sessions)..." 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 a July 17, 2015 evaluation the patient was identified as someone who may benefit from psychological treatment to teach relaxation techniques and mindfulness to help reduce muscle strain and chronic low back pain. He is noted to have nightmares and past history of trauma and is easily startled reports and avoids social situations and is not currently being treated for Post-traumatic stress disorder. He is noted to have severe depression. This patient is reported to have received 4 prior sessions of cognitive behavioral therapy. It was noted in a primary The physician progress report from December 5, 2014 that the patient is currently participating in group therapy and the physician requested individual therapy be provided. According to an agreed psychiatric evaluation report from February 24, 2015, it was noted that he was diagnosed with Adjustment Disorder with mixed anxiety and depressed mood, chronic, secondary to his orthopedic symptomology. It was also noted in the report that the patient does

not have a diagnosis of PTSD on an industrial basis or otherwise. It was also noted that the patient has had 8 sessions of group therapy and did not find it very helpful due to feeling uncomfortable speaking in group setting. It appears that in July 2015 and started and received some psychotherapy in an individual rather than group setting. Although the patient may be a candidate for additional psychotherapy treatment, this request for 12 to 18 sessions (for the purposes of this IMR it is assumed that this is a request for 18 sessions) is excessive given the fact that he has had an unknown quantity of prior treatment sessions. In order to establish the medical necessity of this request, the requested session quantity must be consistent with official disability guidelines recommendations for this treatment modality which is 13 to 20 session's maximum for most patients. Furthermore it is noted that patient benefit and progress from treatment has to be assessed during the process of treatment itself in order to adjust the treatment plan if it is not working. Therefore this request appears excessive as it is also unclear why the patient needs to be seen 2 to 3 times a week when a less frequent level of care may be appropriate. The total quantity of sessions that the patient has received to date is also unclear and needs to be clearly stated along with objective functional improvements that have been derived from the most recent individual psychotherapy sessions. For these reasons the medical necessity of this request is not established and the utilization review decision is upheld. Please note that this is not a statement that further psychological treatment is, or is not medically necessary only that the medical necessity of this particular request as provided was not established for the above-mentioned reasons.