

<b>Case Number:</b>	CM15-0181299		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/11/2002
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 68 year old male, who sustained an industrial injury on April 11, 2002. Medical records indicate that the injured worker is undergoing treatment for anxiety disorder due to another medical condition-moderate to severe (flare-up) and depressive disorder due to another medical condition-moderate (flare-up). The injured workers current work status was not identified. A current inclusive report dated April 8, 2015 through August 26, 2015 (total of 10 sessions) notes that the injured worker reported low back pain which extended down the left lower extremity to the ankle and foot, with associated numbness in the toes. The injured worker was also reported depression, lethargy, anxiety, social avoidance, low self-regard, irritability, distractibility, somatic concerns and a fear of falling. The injured worker was noted to have benefited from his psychotherapy. The treating physician notes that "although the injured worker is still symptomatic, his level of pain and dysphoric feelings are not as intense, which is to say, he has developed an increase in his resilience." The injured worker was also noted to not have a primary support group and had no interest beyond riding and repairing motorcycles. Documented treatment and evaluation to date has included medications and psychotherapy. Current medications include Tramadol ER, Seroquel, Abilify, Pristiq, Timolol, Xanax, Trazadone, Flexeril and Nabumetone. The treating physician's request for authorization dated September 3, 2015 includes requests for individual psychotherapy sessions # 6 and psyche testing to include SC-90-R # 6. The Utilization Review documentation dated September 11, 2015 non-certified the requests for individual psychotherapy sessions # 6 and psyche testing to include SC-90-R # 6.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 update.

**Decision rationale:** Decision: a request was made for individual psychotherapy six sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "based on the records reviewed and information submitted, the patient has completed at least 35 individual psychotherapy sessions including cognitive behavioral therapy through August 2015. The patient's last 10 sessions were provided between April and August 2015 for which the patient apparently had a flare-up of his depression and anxiety. However, review of the records does not show and appreciable change in his symptoms or of the psychotropic medications prescribed. Moreover there is no evidence of functional improvement. The ODG recommends 13 to 20 sessions over 7 to 20 weeks if progress is being made and up to 50 treatments for severe depression. At this time, the patient has completed at least 35 individual therapy sessions which is well beyond the ODG recommendations for moderate depression without evidence of appreciable subjective or objective improvement and no evidence that therapy has helped him medicate his pain, depression, anxiety and dependence on numerous medications." 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. The provided medical records do not establish the medical necessity of the requested treatment. The provided medical records were insufficient. The entirety of the medical records submitted for consideration consisted of only 16 pages of which the majority was related to communications with insurance companies. Only one psychological treatment progress note was found with regards to this request. This single treatment progress note reflected the following psychological diagnoses: Depressive Disorder Due To Another Medical Condition, Moderate (flare-up) and Anxiety Disorder Due To Another Medical Condition, Moderate-Severe (flare-up). A treatment plan including goals and recommendations was listed however there were no estimated dates of accomplishment or listing of prior accomplished goals as a direct result of treatment. There was a notation that "although he is still symptomatic, his level pain and dysphoric feelings are not as intense, which is to say, he has developed an increase in his level of resilience." There is also notation the desire to decrease pain medication. There is no direct statement on this treatment progress note of how much treatment the patient has received to date. However, the utilization review discussion of the request mentions the patient has received at least 35 treatment sessions to date. Current industrial guidelines to support the use of psychological treatment in the care of patients with chronic pain conditions, however, the industrial guidelines recommend a time-limited treatment consisting of 13 to 20 sessions for most patients. Although an exception can be made in the most severe cases of major

depressive disorder or PTSD, this exception to allow for an extended course of psychological treatment does not appear to apply to this patient. Because the request is not consistent with industrial guidelines due to apparent and possible excessive quantity of prior psychological treatment sessions provided, as well as insufficient documentation of objectively measured functional improvement as a direct result from prior treatment. (Which is not to say that none has occurred only that none was documented adequately with objective measures). The medical necessity, the request was not established and therefore the utilization review decision is upheld, therefore is not medically necessary.

**Psyche testing 6 sessions to include: SC-90-R: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Cognitive Therapy for Depression.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic SCL-90-R. August 2015 update.

**Decision rationale:** According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. The ODG citation regarding the SCL-90-R states that "Not recommended as a first-line option psychological test in the assessment of chronic pain patients. See Psychological evaluations. Can identify patients needing treatment for depression and anxiety, as well as identify patients prone to somatization. Strengths: Strong research base, relatively brief, computerized progress tracking. Weaknesses: Designed for and normed on psychiatric patients, not pain patients. Current norm base not appropriate for medical populations. (Bruns, 2001)" Decision: A request was made for Psyche testing six sessions to include SCL-90-R; the request wasn't on certified by utilization review which provided the following rationale for its decision: "as noted above, ongoing psychotherapy sessions are not supported by the records reviewed and guideline recommendations for which a request for six psychotherapy sessions has been non-certified in the same review. The ODG does not recommend SCL 90-R testing as first-line testing in the assessment of chronic pain patients. This IMR will address a request to overturn the utilization review decision. The medical necessity for the request for the requested treatment is not established. Continued psychological treatment is not supported on an industrial basis for this patient at this juncture due to excessive prior treatment quantity according to the industrial guidelines recommendations for psychological treatment. Because no further psychological treatment has been authorized the necessity for psychological testing is not established and

therefore the utilization review decision for non-certification is upheld, therefore is not medically necessary.