

<b>Case Number:</b>	CM15-0183195		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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 62 year old woman sustained an industrial injury on 3-1-2010. Diagnoses include symptomatic pseudoarthrosis of the cervical spine with a history of cervical spine fusion and persistent bilateral cervical spine radiculopathy. Treatment has included oral medications. Physician notes on a PR-2 dated 3-26-2015 show complaints of neck pain and occipital pain with radiation to the bilateral upper extremities. The physical examination shows cervical spine tenderness with pain on range of motion, flexion 40 degrees, and extension 130 degrees. Recommendations include Dilaudid, pain management consultation, and possible physical therapy. Psychologist note dated 7-22-2015 requests continuing psychological treatment. There is also an additional note from psychology dated 8-13-2015 requesting psychological care with a cognitive behavioral modality as well as a psychiatry consultation for medication review and management. Utilization Review modified a request for psychotherapy to allow for a trial of four visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy with Psychologist 1 time per week for 20 weeks (20 sessions) for Mood Disorder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Chapter, Cognitive Behavioral therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. 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:** 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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. A request was made for psychotherapy with Psychologist one time per week for 20 weeks (20 sessions) for Mood Disorder; the request was modified by utilization review which provided the following rationale for its decision: "psychotherapy has been recommended by multiple providers. Although the patient's response to treatment as of August 5, 2014 remains unclear, it appears that a renewed trial of psychotherapy is indicated for the patient's depression, anxiety, and passive suicidal ideations. Based on this information, it would be reasonable to initiate a trial of four sessions at this time. Upon assessment of the patient's response, further visits may be indicated." This IMR will address a request to overturn the utilization review decision. The industrial guidelines for psychological treatment recommend an initial brief treatment trial be utilized. The MTUS guidelines recommend an initial brief treatment trial consisting of 3 to 4 sessions, whereas the Official Disability Guidelines recommend the initial brief treatment trial consist of 4 to 6 sessions. The purpose of the initial brief treatment trial is to determine patient response to treatment. With documentation of patient benefit based on the initial treatment, trial additional sessions can be authorized. The guidelines for the additional sessions recommend 13 to 20 sessions for most patients according to the Official Disability Guidelines. An exception can be made in cases of the most severe symptomology of Major Depressive Disorder or PTSD to allow

for up to 50 sessions. In this case the request for 20 sessions does not take into account the need for the initial brief treatment trial protocol, in addition it also represents an entire course of psychological treatment with maximum recommended quantity of treatment sessions. For this reason, the request appears to be excessive in quantity and non-conforming with industrial guidelines treatment protocol. This is not to say that psychological treatment is not indicated for this patient at this time only that this particular request is not consistent with industrial guidelines and therefore the medical necessity is not established on that basis.