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| <b>Case Number:</b>   | CM15-0183321 |                              |            |
| <b>Date Assigned:</b> | 09/24/2015   | <b>Date of Injury:</b>       | 06/20/2006 |
| <b>Decision Date:</b> | 10/29/2015   | <b>UR Denial Date:</b>       | 09/11/2015 |
| <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:

The injured worker is a 53 year old female, who sustained an industrial injury on June 20, 2006, incurring shoulder, knee, upper and lower back injuries. She was diagnosed with left shoulder sprain with rotator cuff tendinitis with partial tearing, right shoulder tendinitis, right knee sprain, cervical spondylosis, cervicalgia, cervical radiculopathy and lumbar degenerative disc disease. Treatment included a surgical lumbar laminectomy, cervical fusion, opioids, pain medications, anti-inflammatory drugs, antidepressants, muscle relaxants, topical analgesic patches and activity restrictions. Currently, the injured worker complained of cervical pain radiating across both shoulders rated 8 out of 10 on a pain scale of 1 to 10. She noted worsening headache pain and increased low back pain and discomfort interfering with her functional mobility and activities of daily living. A cervical Magnetic Resonance Imaging revealed foraminal stenosis with the fusion intact. The injured worker developed increased depression secondary to the persistent shoulder, neck and back pain. The injured worker was diagnosed with chronic pain syndrome and drug dependence. The treatment plan that was requested for authorization on September 17, 2015, included six visits with a psychologist for secondary depression related to the work related injury. On September 11, 2015, a request for six visits with a psychologist was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six visits with psychologist (for secondary depression related to work-related injury):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004.

**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:** 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) recommends 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 six sessions of psychological treatment for secondary depression related to work-related injury; the request was non-certified by utilization review which provided the following rationale for its decision: "an initial psychological consultation is documented. However, the report is noted to be pending. Without further information regarding the recommendations of the initial consultation, further psychological visits are not medically necessary or appropriate." 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. All of the medical records that were submitted for consideration work reviewed for this IMR. The provided medical records consisted of 89 pages and included a comprehensive psychological evaluation from the patient's primary treating psychologist [REDACTED] and she was diagnosed with the following: "Major Depressive

Disorder, recurrent, severe without psychotic features; Adjustment Disorder with Anxiety and Pain Disorder Associated with both Psychological Factors and a General Medical Condition." Psychological treatment was recommended. The remainder of the provided medical records was from her primary treating physician and discussed in detail the medical condition. No psychological treatment progress notes from the requesting and providing treating psychologist work included for consideration for this review. It appears that the patient was authorized for an initial brief treatment trial consisting of four sessions in order to determine whether further psychological treatment was appropriate and medically necessary. However, there was no treatment outcome of that initial treatment trial. Without further documentation regarding the outcome of the initial treatment trial, the medical necessity of further treatment is not established. This is not to say that the patient does not require psychological treatment, only that the provided medical records did not contain psychological treatment records and without that there was no evidence of patient objectively measured functional improvement as a direct result of psychological treatment received. Industrial guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions with documentation of patient benefit and functional improvement. Because there was no documentation of patient benefit or functional improvement from prior treatment medical necessity is not established and therefore the utilization review decision is upheld and therefore is not medically necessary.