

<b>Case Number:</b>	CM15-0194084		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 30 year old female, who sustained an industrial injury on 10-4-2012. A review of the medical records indicates that the injured worker is undergoing treatment for Lyme disease, Bartonella, encephalopathy, and SIBO (small intestine bacterial overgrowth). On 7-15-2015, the injured worker reported abdominal pain, impaired memory, and fatigue. The Primary Treating Physician's report dated 7-15-2015, noted the injured worker's memory abnormal with SIBO. Prior treatments have included CoQ10, Resveratrol, Zofran, Benadryl, Zyrtec, Wellbutrin, Zoloft, Prozac, Seroquel, and Dexedrine. The Medical-Legal report dated 2-13-2015, noted the injured worker was bitten by a tick when working in Louisiana with a positive Western blot test for Borrelia burgdorferi with the clinical impression of chronic Lyme disease with neurologic sequelae and post-traumatic stress disorder. The Primary Treating Physician's dated 2-18-2015, noted the injured worker with an abnormal Lyme test, requiring a Neuropsych evaluation. The treatment plan was noted to include requiring occupational therapy, physical therapy, and psych consultations. The request for authorization date 7-1-2015, requested psychological treatment-counseling related to the submitted diagnosis of Lyme, encephalopathy, Bartonella and SIBO. The Utilization Review (UR) dated 9-1-2015, non-certified the request for psychological treatment-counseling related to the submitted diagnosis of Lyme, encephalopathy, Bartonella and SIBO.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological treatment/counseling related to the submitted diagnosis of Lyme, encephalopathy, Bartonella and SIBO: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious diseases.

**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) 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. Decision: A request was made for: "Psychological treatment/counseling related to the submitted diagnosis of Lyme, encephalopathy, Bartonella and SIBO." The request was non-certified by UR with the following stated rationale: "While the claimant was listed as having a diagnosis of Lyme disease it is unknown why psychological treatment or counseling is being requested and how this would be helpful as physical exam findings reveal no abnormalities and rather all findings were normal and there was no documentation of significant objective psychological dysfunction occurring. Therefore this request is not medically necessary." This IMR will address a request to overturn the utilization review decision. The provided medical records were very limited in detail and included only 28 pages much of which are related to insurance and utilization review communications. According to a primary treating physician progress note (PR-2) a neuropsychological evaluation - (illegible handwritten) was being requested on March 25, 2015. And an early request for similar was made on February 18, 2015.

According to a Panel Qualified Medical Evaluation on February 13, 2015, "it was noted that she saw a psychiatrist for several months in 2013, once a week, she stated that it helped to talk and learn and coping skills." It is unknown but it is likely this was psychological rather than psychiatric is reported that this could not be determined definitively. Diagnosis was provided as follows: "chronic Lyme's disease with neurological sequelae. Hashimoto's thyroiditis. Vitamin D deficiency (non-industrial). Hypereosinophilia. Post-traumatic stress disorder. Symptoms of myalgia, sleep disturbance, and cognitive were compatible with, it could be explained as, the myofascial manifestation and encephalopathy associated with Lyme Disease." The medical necessity the requested treatment is not established by the provided documentation for the following reason: the request is non-specific with regards to the quantity of sessions being requested. All request s at the IMR level for psychological treatment need to have an associated quantity specifying how much is being requested, otherwise it is considered to be open-ended and unlimited for which the medical necessity would not be established. In addition, although it is mentioned that she saw psychiatrist 2013 there is no other information regarding what psychological symptomology is being experienced by the patient currently. There is mention of post-traumatic stress disorder but it is not clarified in any way how this occurred or what this is in regards to. Psychological treatment may be appropriate for this patient given the delayed recovery and possible brain involvement in the industrial injury. However documentation is needed in order to substantiate the request. There is no psychological evaluation for this patient. Psychological evaluations establish whether or not psychosocial treatments medically indicated. In this case the medical appropriateness of the request is not substantiated due to lack of clear rationale for the treatment as well as stated quantity of the requested treatment and a discussion of which psychological or psychiatric symptoms the patient is currently experiencing that require treatment. Therefore the medical necessity the request is not established and utilization review decision is upheld. Therefore, the request is not medically necessary.