

<b>Case Number:</b>	CM15-0212873		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 50 year old male, who sustained an industrial injury on 11-12-2013. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for cervical spondylosis without myelopathy, cervical radiculopathy, lumbar radiculopathy, degenerative disc disease, and history of depression and anxiety. Treatment and diagnostics to date has included physical therapy, home exercise program, epidural injections, and medications. Recent medications have included Zolpidem, Adderall, Ambien, Xanax, Norco, and Cyclobenzaprine. Subjective data (08-12-2015 and 09-09-2015), included neck pain and back pain (rated 7 out of 10 on the pain scale), and anxiety and depression. Objective findings (09-09-2015) included "appearing anxious", flat affect, insomnia, and lack of energy. The Utilization Review with a decision date of 10-05-2015 denied the request for psychology evaluation and treatment. A request was made for "Psychological evaluation and treatment" the request was non-certified by utilization review which provided the following (edited) rationale for its decision: "there are many complaints of anxiety depression and anxiety as well as concentration impairment of memory impairment. The primary presenting symptoms depression. There is no mention of how long the symptoms have been present or how long the patient has been treating non-industrially. No mention of what medications are being used, no red flag, this does not appear to be a request for pain psychology evaluation for the chronic pain."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological evaluation and treatment:** 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 evaluations, 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:** 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. Regarding treatment: 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. The medical necessity of this request is not established. The request combines two separate requests into one issue and at the level of IMR they are treated as a whole. The request for treatment is unspecified with regards to session quantity. The MTUS recommends an initial treatment to consist of 3 to 4 sessions as a trial to determine whether or not the patient is benefiting from the treatment. Because this request is not specify how much treatment is being requested is considered to be unlimited and open-ended which the medical

necessity is not established. In addition, the request for psychological treatment needs to be substantiated by the findings of psychological evaluation rather than being requested before the psychological evaluation is conducted. According to the MTUS guidelines psychological evaluations are recommended procedures in order to determine whether further psychosocial interventions are appropriate. Psychological treatment is according to the MTUS recommended for patients who are "appropriately identified patients during treatment for chronic pain." The process of properly identifying patients who may benefit from psychological treatment and those who would not, is the purpose of the psychological evaluation, requesting treatment before completion of the evaluation is putting the cart before the horse. For this reason the medical necessity the request is not established and utilization review decision is upheld. This is not to say that the patient does, or does not, need psychological evaluation or psychological treatment on an industrial basis, only that this request was not found to be medically necessary as submitted.