

<b>Case Number:</b>	CM15-0216773		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	08/25/1997
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 August 25, 1997. Past history included diabetes, asthma and hypertension, status post right hand cyst removal. Past treatment included rest, medication, physical therapy, trigger point injection and acupuncture. Diagnoses are lumbar degenerative disc disease; intermittent lower extremity radiculitis; diffuse regional myofascial pain; chronic pain syndrome with both sleep and mood disorder. According to a treating physicians notes dated October 13, 2015, the injured worker presented with continued low back pain, rated 2-8 out of 10, which radiates into the right buttock and right lower extremity, but also radiates up into the mid back. Current medication included insulin, Glumetza, Singulair, Advair, Levothyroxine, Losartan, Allegra, Cymbalta, Ventolin, and Albuterol. Physical examination included 4'11" and 315 pounds; slow narrow based gait, able to heel toe walk and complete about 50% of the deep knee bend complaining of knee pain, and able to climb onto examining table; negative seated leg raise bilaterally; intermittent hypesthesia L5 dermatome however, sensation intact to light touch; significant myofascial tenderness in the right lumbar paraspinous muscles and right gluteal musculature. The physician documented the injured worker has a significant sleep and mood disorder(not elaborated). Treatment plan included recommendation for physical therapy and acupuncture and at issue, a request for authorization for chronic pain psychology consultation and treatment. According to utilization review dated October 26, 2015, the requests for chronic pain psychology consultation and treatment sessions x 6 was modified to chronic pain psychology consultation only.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Chronic pain psychology treatment, 6 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Psychological Evaluations.

**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. 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: According to the MTUS guidelines, psychological Consultation (evaluation) should determine if further psychosocial interventions are indicated. This request is for psychological consultation and psychological treatment. The two separate requests were combined into one request. Utilization review has modified the request to allow for a psychological consultation only. The recommendations for psychological treatment should follow the completion and submission of the psychological consultation, which would determine whether or not additional psychological treatment is medically appropriate. In this case of a psychological evaluation is completed information would be needed regarding the patient's prior psychological treatment history, if any has occurred, in order to determine whether or not psychological treatment is indicated. This request is basically putting the cart before the horse with the request for treatment and evaluation. Therefore, the medical necessity the request is not established and utilization review decision for psychological consultation only is upheld. It should be noted that this decision is not to say that the patient does, or does not need psychological treatment only that the medical necessity the request was not established without the completion of the psychological evaluation to substantiate it. Therefore, the request is not medically necessary.