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| <b>Case Number:</b>   | CM15-0221211 |                              |            |
| <b>Date Assigned:</b> | 11/16/2015   | <b>Date of Injury:</b>       | 09/09/2005 |
| <b>Decision Date:</b> | 12/24/2015   | <b>UR Denial Date:</b>       | 11/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/10/2015 |

### 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 44 year old male sustained an industrial injury on 9-9-05. Documentation indicated that the injured worker was receiving treatment for chronic lumbar sprain and strain, status post bilateral calcaneus fractures with multiple surgeries. Previous treatment included right carpal tunnel release (10-10-14), left carpal tunnel release (1-9-15), open reduction internal fixation bilateral calcaneus fractures status post hardware removal, physical therapy, epidural steroid injections, medial branch blocks and medications. Previous psychological care included individual and group therapy and psychiatric care with medication management. The number of previous therapy sessions was unclear. In a psychological evaluation on 7-27-15, the injured worker complained of pain to the low back and bilateral hands and feet. The injured worker was not working or performing activities of daily living due to pain. The injured worker complained of depression, anxiety, anhedonia, thoughts of worthlessness, hopelessness and helplessness. Psychological testing revealed a Beck Hopelessness Score of 10, Beck Depression Inventory score of 50 and Beck Anxiety Inventory Score of 54. The physician diagnosed the injured worker with moderate major depressive disorder, panic disorder, personality disorder and severe psychosocial stressors resulting in affective distress. The physician stated that the injured worker was totally disabled on a psychological basis. In a PR2 dated 10-16-15, a request for authorization was submitted for eight individual psychotherapy sessions to include cognitive behavioral therapy and stress management as recommended by psychology. On 11-2-15, Utilization Review noncertified a request for 8 sessions of psych treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych treatment, 8 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment, Behavioral interventions. 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) 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 eight sessions of psychological treatment, the request was non-certified by utilization review which provided the following rationale for its decision: "submitted documentation reported that the patient had previously completed significant psychotherapy in excess of 40 visits with little subjective or objective benefit. As there was a lack of trust wants to the previous treatment with persistent current symptoms of depression, anxiety and panic attacks, further treatment is not warranted." This IMR will address a request for overturning 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 provided medical records were carefully considered which

included over 500 pages. The mechanism of injury was reported as a 12 foot fall off a ladder. There is documentation of an extensive prior psychological treatment history under [REDACTED], the total quantity and duration of the treatment is not known but according to utilization review exceeds 40 sessions. It is not clear when this treatment ended. The patient received and completed a comprehensive psychological evaluation including psychometric testing on July 27, 2015, by [REDACTED] and was diagnosed with the following: Major Depressive Disorder, Moderate; Panic Disorder. The patient reports very intense feelings of hopelessness and depression subjectively. A treatment plan was outlined in the psychological evaluation. The treatment plan includes specific goals for addressing the patient's symptoms of depression and anxiety. Several prior comprehensive psychological evaluations from 2013 and 2012 were found which suggested that the patient was probably misdiagnosed and received inadequate psychological treatment. In this case ODG guidelines recommend 13 to 20 sessions however in cases of severe major depression additional sessions "of at least 50 or one year" can be allowed in cases of severe Major Depression or PTSD. Although currently the patient's diagnosis of moderate Major Depressive Disorder is not rated as severe, the patient has had a history of passive suicidal thoughts and feeling that life is not worthwhile. Although the patient has received extensive psychological treatment in the past, he remains psychologically symptomatic at a clinically significant level. And although there is not objectively measured functional improvement of progress based on prior treatment, there are indications patient's treatment may have been inadequate. In addition it does appear that the patient has received a generous course of psychological treatment. However it is the overall impression that in this case a rare exception should be made to allow for this requested additional treatment. Because medical reasonableness and appropriateness of the request has been established the utilization review decision is overturned. The request is medically necessary.