

<b>Case Number:</b>	CM15-0221944		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	09/03/2002
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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 59-year-old female, who sustained an industrial injury on 9-3-02. Medical records indicate that the injured worker is undergoing treatment for chronic pain, lumbar radiculopathy, right shoulder pain, generalized anxiety disorder, insomnia and major depressive disorder. The injured worker is currently not working. On 9-14-15, the injured worker reported persisting sleep difficulties, problems concentrating and feelings of fatigue. The injured worker felt sad, stressed and discouraged about the future. The injured worker worried excessively, tended to be socially withdrawn and reported poor task completion. Objective findings noted that the injured worker was sad, preoccupied with her physical condition, appeared tired, had rapid speech and poor concentration. The injured worker was also noted to be somewhat over talkative, dysphonic and in need of mental health treatment due to persisting anxiety and depression. Treatment and evaluation to date has included medications, psychotherapy (unspecified amount), MRI of the lumbar spine, home exercise program and right shoulder surgery. Current medications 9-2-15 include Ambien, Fentanyl patch, Flexeril, Hydrocodone-Acetaminophen, Lidoderm patch, Omeprazole and Prozac. The Request for Authorization dated 10-2-15 is a request for outpatient psychotherapy office visits once every 45 days. The Utilization Review documentation dated 10-14-15 modified the request for outpatient psychotherapy office visit times one (original request visits once every 45 days).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient psychotherapy office visits, once every 45 days:** Upheld

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

**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:** 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 "Psychotherapy office visit once every 45 days" the request was modified by utilization review to allow for one session with the following provided rationale: "Based on the currently available information, the medical necessity for this visit has been established, and therefore the request is modified for one visit only. Any subsequent authorizations will be dependent on the results of continued treatment, the patient's current status, and a clear rationale for the requested extension." 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. The medical necessity the request is not established. This request is written in an open ended manner. The total quantity of sessions being requested is not specified. Requests for psychological treatment the reached the IMR level should specify the requested

quantity of treatment sessions otherwise the request is considered to be unlimited and open-ended for which the medical necessity would not be established. Industrial guidelines do recommend psychological treatment for properly identified patients. Recommended quantity of sessions is listed as 6 to 10 sessions MTUS and 13 to 20 sessions (ODG) with additional sessions contingent upon the establishment of medical necessity as evidenced by objectively measured functional improvement and patient benefit from prior treatment. Because this request is open-ended without a specific quantity of treatment sessions attached to it, the medical necessity was not established and utilization review decision for modification to allow for one visit only was upheld. This is not to say that the patient does, or does not need additional psychological treatment, only that the medical necessity of this request as submitted is not established due to unspecified quantity.