

<b>Case Number:</b>	CM15-0030535		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/17/2001
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 48 year old male, who sustained an industrial injury on 10/17/2001. The diagnoses have included lumbosacral degenerative disc disease, lumbar spinal stenosis, displaced lumbar intervertebral disc, and thoracic/lumbar neuritis/radiculitis. Noted treatments to date have included back surgery, psychotherapy, physical therapy, and medications. Diagnostics to date have included MRI of the lumbar spine on 11/12/2014 which showed 2-3mm broad based disc bulge at L3-4, 4mm broad based disc bulge at L4-5, and 3-4mm broad based disc osteophyte complex at L5-S1. In a progress note dated 01/20/2015, the injured worker presented with complaints of low back and bilateral lower extremity pain. The treating physician reported the injured worker would require L3-4 decompression surgery. On 01/21/2015, the injured worker was seen by his psychologist that requested the additional 12 individual psychotherapy visits stating that the injured worker has benefitted significantly from his psychotherapy on a subjective, objective, and functional basis. Utilization Review determination on 02/10/2015 modified the request for 12 Additional Individual Psychotherapy Sessions to 4 Individual Psychotherapy Sessions citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional individual psychotherapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological treatment: see also cognitive behavioral therapy, psychotherapy guidelines Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, cognitive behavioral therapy, psychotherapy guidelines, March 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 measureable/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) allow a more extended 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. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. A request was made for 12 additional sessions of individual psychotherapy, the request was modified by utilization review to allow for 4 additional sessions with the remaining 8 non-certified. The utilization review rationale for their decision was stated as: "the provider indicate psychotherapy is appropriate to continue to mitigate the patient's depression and enhancement of his chronic pain coping mechanisms to render him a very good candidate for potential upcoming surgery. The review of documentation reveals the patient has completed at least 17 psychotherapy sessions to date. Guidelines of support up to 20 visits for patients with depression but indicate additional sessions may be appropriate with evidence of adequate improvement. The patient is being recommended as a good candidate for spinal surgery and has benefited from prior treatment sessions with decreased depression and anxiety and better ability to manage emotions and thinking with improved concentration and attention and better stress tolerance. According to a treatment progress note from August 20, 2014 by the patient's primary treating psychologist, the patient is satisfied with successive knee surgery but has continued pain in multiple areas of his body including low back and is frustrated that nothing is being done about it and feels that there is collateral irritability in his relationships. Psychotherapy consisted of cognitive interventions with focus on depressed mood and anxiety, suicidal ideations, intent or plan were denied. The medical necessity of continued psychological treatment

is contingent upon all 3 of the following factors being clearly documented: significant patient psychological symptomology, total quantity of sessions consistent with MTUS and official disability guidelines, and evidence of significant patient benefited from prior treatment including objectively measured functional improvement. Because the patient has already received 17 sessions as of the date of the request, and because treatment guidelines recommend a total of 13-20 sessions maximum for most patients, the request for an additional 12 sessions is excessive and exceeds guidelines. An exception can be made that allows up to 50 sessions in some cases of very severe psychiatric symptomology including PTSD and severe major depression. Although the patient's psychological symptomology does continue at a significant level based on the notes provided he does not appear to meet this requirement for an extended course of treatment at this time. The request would bring the total quantity of sessions for this patient to 39 sessions. Utilization reviews appropriately modify the request to allow for 4 additional sessions. The medical necessity of the request can be reassessed at that time after the completion of the additional 4 sessions. Because the patient is already exceeded the maximum guidelines for his diagnosis the medical necessity of the request is not established and therefore the utilization review determination for non-certification is upheld.