

<b>Case Number:</b>	CM15-0034818		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 27 year old male injured worker suffered an industrial injury on 11/12/2013. The diagnoses were lumbar radiculopathy, thoracic sprain/strain and lumbar disc extrusion. The diagnostic studies were magnetic resonance imaging of the lumbar spine. The treatments were medications, epidural steroid injections and chiropractic therapy. The persistent spasms that can be severe at times with reports of difficulty sleeping. He reported the pain in the back and right leg to be severe at times 7/10 with radiation down both legs. The Utilization Review Determination on 2/17/2015 non-certified: 1. Individual cognitive behavioral therapy (CBT) sessions, 12 weeks, modified to 6 sessions, MTUS, ODG. 2. Psychopharmacology Evaluation & follow up, modified to evaluation only, MTUS, ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual cognitive behavioral therapy (CBT) sessions, 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, topic: 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. Decision: Utilization review modified the request for 12 weekly individual cognitive behavioral therapy sessions to allow for 6 sessions. The utilization review determination for a modification was stated as: "MTUS guidelines do support psychological counseling for patients with chronic pain and initial course of 6 cognitive behavioral therapy sessions are supported by MTUS guidelines." From a November 21, 2014 Individuals report of effect on pain on mood Self-report questionnaire the patient reports very extreme levels of depression (9/10) as a result of his pain and subsequent limitations. The request for psychological treatment appears to be appropriate and medically necessary. The issue is how many sessions should be authorized. The MTUS and official disability guidelines specifically state a procedure in which an initial brief treatment of 4-6 sessions should be completed with documentation of objectively measured functional improvements additional sessions can be offered in most cases a course of treatment consisting of 13-20 sessions total maximum is adequate. In some cases of severe major depressive disorder or PTSD additional sessions may be allowed up to 50 sessions with documentation of objective functional improvement. As best as could be determined this is a request to start an initial course of treatment. There was no indication of any prior psychological treatment in the medical records that were provided. Because this is an initial treatment request the initial brief protocol is for 4 to 6 sessions with additional sessions contingent upon documentation of patient benefit and progress being made. For this reason the utilization review determination is correct in the modification that was offered. Therefore the request to overturn the utilization review decision is not approved as medically necessary.

**Psychopharmacology Evaluation & follow up:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation CA MTUS ACOEM: Chapter 7: Independent Medical Examinations and Consultations, pages 104-164.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B, Referral.

**Decision rationale:** Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. Decision: the request for a pharmacological evaluation and follow-up appointments (unspecified quantity) was modified by utilization review to allow for the pharmacological evaluation but not follow up appointments (unspecified quantity) with the following rationale provided: "since the primary treating physician is an orthopedic spine surgeon, managing psychotropic medication is outside of the scope of practice. One initial evaluation to recommend psychotropic medication is approved. Psychopharmacological evaluation is appropriate for this patient given the severity of his depression in order to determine the best course of medication and his treatment needs. Subsequent to the pharmacological evaluation a course of treatment can be recommended if needed. All the medical records that were provided for this review were carefully considered and there was no evidence of a visit with a psychiatrist for an initial assessment. The initial assessment is required in order to best determine the proper course of treatment including frequency and quantity of sessions. This request is unspecified for the quantity of sessions. All requests for psych treatment reaching the IMR stage must have a specific quantity of sessions being requested otherwise is considered to be an open-ended and unlimited request. The medical necessity of unlimited open-ended quantity of follow-up psychopharmacological sessions is not been established as medically necessary and therefore the utilization review decision to allow for in evaluation only is appropriate and upheld.