

<b>Case Number:</b>	CM15-0036725		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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:

According to the provided medical records, this patient is a 40-year-old male who reported a work-related injury that occurred on September 7, 2012. The mechanism of injury occurred when he was delivering freight and using a lift to take the freight off the truck when he heard a pop in his back with immediate severe pain in the lower back region and was unable to stand upright or straight. A partial and incomplete list of the patient's medical diagnoses includes: status post failed lumbar surgery for L4-5 herniated disc with bilateral radiculopathy with scarring and low back syndrome and sprain/strain of left shoulder and bilateral bursitis. This IMR will address the patient's psychological status and treatment as it relates to the requested treatment. The patient's medical diagnoses and treatments are well documented in the medical records and will not be summarized here but have been reviewed. According to a psychological treatment, progress note the patient has been diagnosed with the following psychological disorders: Major depression, severe without psychotic features; Depression secondary to medical condition; Adjustment disorder with mixed anxiety and depressed mood. And alternative diagnostic presentation was noted on December 15, 2014: Major Depression, single episode, partial remission; rule out Bipolar Disorder; Pain disorder associated with medical and psychological factors; Learning disorder not otherwise specified; Personality disorder not otherwise specified. Treatment goals are listed as the following: improve mood, reduce isolation, support medical compliance, bolster confidence to fight for his needs, introduce pain coping strategies other than medication using cognitive behavioral therapy and supportive therapy. Progress notes for multiple dates of service were found. His psychological treatment history was

insufficiently documented and it could not be determined how much treatment he has received at the time of this request. Regarding his treatment sessions in October and November 2014 one progress note stated his "progress has been a step forward and a half step back. He is not as objectively depressed and has not experienced suicidal ideations during this period of time. He is still struggling with the acceptance of his altered lifestyle. Sleep continues to be elusive. His coping strategies have expanded some but he needs continuing support to incorporate new ideas and strategies. I am requesting for additional sessions to consolidate the simple games we have made and to assist with an altered perspective regarding his future." A request was made for cognitive behavioral therapy with psychologist 4 visits, the request was non-certified by utilization review with the following rationale provided: "This is a patient with a 1.5-year history of physical injury with unspecified emotional distress who has been afforded an unspecified course of psychotherapy resulting in unknown benefit. There is insufficient data to determine if the patient warrants additional psychological intervention on an industrial basis as per the industrial guidelines." This IMR will address a request to overturn that decision.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cognitive behavioral therapy with psychologist, four visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines Page(s): 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress, cognitive behavioral therapy, psychotherapy guidelines, March 2015 update.

**Decision rationale:** Citation: 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) 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. According to a QME report from November 14, 2014: "he should have ongoing psychiatric treatment by a psychiatrist and not a psychologist, as it would be helpful to have recommendations and control over the applicants medications. He clearly needs better control of his pain in order to be able to return to gainful employment." According to an Agreed Medical Examination in Psychiatry from December 15, 2014, The patient had 6 visits with [REDACTED], PhD December 19, 2013. He had a psychiatric hospitalization for 5 days due to agitation misdirected towards his grandson and suicidal thoughts and rage. The date of this hospitalization is not clear but appears to be late in 2013. Is not clear if this in any way related to his industrial injury or not. There is a sense of hopelessness and the pervasive helplessness with a pre-morbid history of mood disorder rule out bipolar disorder exacerbated by his current level of pain and frustration intensified by depression and anxiety symptoms. The criteria for continued psychological treatment are that it must be established as being medically necessary. Medical necessity of psychological treatment is contingent upon all 3 of the following being clearly documented in sufficient detail: continued patient psychological symptomology that warrants treatment, total quantity of sessions already received to date falling within the MTUS/official disability guidelines, and that there is evidence of significant patient benefit from prior treatment including objectively measured indices of improvement. The medical records provided for consideration for this review carefully considered. The request for 4 additional treatment sessions may be medically warranted however the documentation provided does not substantiated due to insufficient information. The MTUS/official disability guidelines specifically recommend a standard course of psychological care consisting of 13 to 20 sessions for most patients. There is an exception that can be made in some cases of very severe psychological symptomology up to 50 sessions if there is sufficient evidence of patient progress and benefit from treatment. The total quantity of sessions at the patient has been provided to date is not evidenced in the medical records provided. Nor could it be estimated based on the documents provided. It is not clear how many sessions he is had and therefore it is not clear whether or not for additional sessions would exceed guidelines are not. This is one of the basis upon which the decision medical necessity is made. Because medical necessity could not be established due to insufficient information regarding quantity of sessions provided at the time of this request, the utilization review determination for non-certification is upheld.