

<b>Case Number:</b>	CM15-0040092		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	04/19/1994
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 61 year old female who sustained a work related injury April 19, 1994. Past medical history includes angina and diabetes. According to a primary treating physician's progress report dated January 21, 2015, the injured worker presented with continued orthopedic and psychiatric problems. She continues to use Norco and Naprosyn for pain and has ongoing constipation. Her pain causes nausea at times and the Prilosec remains effective for the dyspepsia. Diagnoses are documented as orthopedic low back injury in 1994, s/p 2 surgeries in 1995 and 2001; diabetes since 1994; angina since 1995; gastritis medicamentosa with hospitalization for bleeding in 1999, secondary to medication use; and depression secondary to original injury in 1994. Treatment plan included requests for authorization for medications, follow-up with pain specialist, psychologists and psychiatrist, and orthopedist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Pain Psychology follow-up visits for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Chapter.

**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 Page(s): 101-102; 23-24. 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:** Citation Summary: 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. Decision: The medical necessity of the requested treatment is not established by the documentation provided for review. The request exceeds the above stated treatment guidelines for session quantity. The request for 6 months of follow-up sessions for outpatient pain psychology does not contain a specific quantity of sessions being requested. All requests reaching the IMR stage must have a specific quantity attached in order to determine whether the request is consistent with MTUS/official disability guidelines recommendations for quantity. Unspecified quantity would be essentially the equivalent of unlimited number of sessions. In addition, 6 months of treatment does not take into account the ongoing need for determining of medical necessity due to excessive duration. Finally, there is no indication of how much treatment she is already received. A total of the quantity of sessions that she has received is needed in order to determine if the request exceeds the above stated guidelines. The medical necessity of unspecified quantity of treatment sessions is not established; therefore the utilization review determination for non-certification is upheld.