

<b>Case Number:</b>	CM15-0041265		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	07/27/2007
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 52 year old female, who sustained an industrial injury on 7/27/2007. She reported pain in the elbows and wrists due to heavy lifting and repetitive use of the hands. The injured worker was diagnosed as having major depression with psychotic features, lumbar degenerative disc disease, post bilateral carpal tunnel syndrome, left shoulder impingement and intractable pain syndrome. Treatment to date has included surgery, physical therapy, hand braces and medication management. Currently, a progress note from the treating provider dated 2/17/2015 indicates the injured worker reported left shoulder pain, elbow/hand pain, headache, stomach problems, stress, fatigue, anxiety and auditory and visual hallucinations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 Psych sessions of Cognitive Behavioral Orientation:** Upheld

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

**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 co-morbid 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. Issue: A request was made for 16 sessions of psychological treatment. The rationale for the requested treatment was stated as: "due to serious auditory and visual hallucinations." The utilization review determination for non-certification indicates that: "the records did not show whether a psychiatric evaluation was done or requested. Cognitive behavioral therapy is not an appropriate initial treatment for a psychotic patient who is having auditory and visual hallucinations. A peer to peer review was attempted but the provider did not return the call prior to the UR being done." According to a progress note from the primary requesting psychologist, dated February 17, 2015, the patient is "experiencing moderate to severe psycho-emotional distress that is causing serious psychological decompensation at this point that includes auditory and visual hallucinations. Please refer to the symptoms and diagnosis stated above. Therefore she is in need of immediate psychological intervention. An initial 16 sessions of individual psychological treatment sessions of cognitive behavioral orientation is recommended. Additionally, she should have a psychiatric consultation to consider psychotropic medication." Decision: The utilization review statement that psychological treatment is not a primary treatment modality for patients with symptoms of psychoses, in favor of a psychiatric intervention, is correct that it is not the best first initial treatment option. However, it is incorrect to say that psychological treatment has to wait upon completion of the psychiatric evaluation or start of treatment in order to begin. Often psychotherapy can help facilitate that process. Based on the limited medical records provided, this patient does appear to be exhibiting both psychological and psychiatric symptoms that require treatment with both treatment modalities. However, this request for 16 sessions does not meet the medical necessity guidelines established by the MTUS/official disability guidelines on several fronts. First the quantity is excessive. Secondly it does not follow recommended treatment protocol. The MTUS/ODG guidelines both stipulate that an initial brief treatment trial should be provided to patients in order to determine patient response. This initial treatment trial shall consist of 3 to 4 sessions

(MTUS) or 4 to 6 sessions (official disability guidelines) following the initial treatment trial if there is documented evidence of objective functional improvement and patient benefited from the trial additional sessions can be offered. This request is for 16 sessions. In most cases 13 to 20 sessions maximum is sufficient for the entire course of treatment (per ODG). In some cases of severe Major depression/PTSD additional sessions may be offered with documentation of patient benefit. This request is exceeding the guidelines for session quantity while not completing an initial brief treatment trial. It is also noted that an ongoing assessment of patient benefit needs to be part of the process in order to determine continued medical necessity. In addition, the patient's injury occurred in 2007 and her prior psychological treatment history, if any, is unknown and needs to be documented in terms of quantity and outcome. This protocol is designed to identify patients who are not responding to treatment and to quickly make alternative treatment plans if appropriate. Because of these reasons the medical necessity of this request is not established. This decision is not to say that the patient does not require psychological treatment as it appears that she probably does, only that the medical necessity of the request is not established based on the above-mentioned reason.