

<b>Case Number:</b>	CM15-0056709		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 60 year old female, who sustained an industrial injury on September 19, 2012. She reported neck pain, shoulder pain, right hand pain, right and left knee pain, low back pain and radiating pain extending down the left leg. The injured worker was diagnosed as having status post left knee internal derangement and surgery, post-operative depression, chronic neck pain, chronic lumbago and right thumb tenosynovitis with hand tenderness, depression and anxiety. Treatment to date has included diagnostic studies, surgical intervention of the knee, conservative treatments, psychotherapy, medications and work restrictions. Currently, the injured worker complains of neck pain, back pain, right hand pain, knee pain, low back pain with pain radiating to the lower extremities, depression, anxiety, sexual dysfunction and sleep disturbances secondary to chronic pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 24, 2015, revealed continued complaints of pain and depression. Additional psychology sessions were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6-12 more psychology counseling sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

**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 ODG: Chapter Mental Illness and Stress, 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 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: A request was made for an additional 6-12 psychology counseling sessions, the request was non-certified by utilization review with the following rationale: "there is no documentation of an improvement in her mental health with prior psychological counseling." This IMR will address a request to overturn that decision. All of the provided medical records were carefully considered for this review, medical records that were provided for consideration to not substantiate the medical necessity of the requested treatment. Medical records indicate that she is suffering from depression at a clinically significant level. While this would suggest that the proposed treatment might be appropriate, there was insufficient documentation to establish and support the medical necessity of this request. There was no documentation provided whatsoever regarding prior psychological treatment. Continued psychological treatment is contingent upon the establishment of medical necessity, typically this involves all 3 of the following fully documented: patient psychological symptomology as a clinically significant level that necessitates treatment, total quantity of sessions being requested added to the total number of sessions already provided being consistent with the above stated MTUS/ODG guidelines, and evidence of patient benefit including objectively measured functional improvement based on prior treatment the provided progress notes indicate that the patient saw psychologist last in April 2015 however as has already been mentioned there's been no treatment progress notes and no treatment plan nor is there a comprehensive psychological evaluation with a diagnosis. It is unknown how many sessions the

patient has already received to date and whether this request for 6 to 12 additional sessions would exceed the recommended guidelines. Due to insufficient information, the medical necessity of this request is not been established and therefore the utilization review fighting for non-certification is upheld and is not medically necessary.