

<b>Case Number:</b>	CM15-0059196		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/29/2015

### 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 45-year-old female, who sustained an industrial injury on 8/07/2012. She reported cumulative trauma injuries to her upper extremities while employed at a supermarket. The injured worker was diagnosed as having psychophysiologic disorder, chronic pain syndrome, carpal tunnel syndrome, fibromyositis, and epicondylitis. Treatment to date has included Functional Restoration Program, psychology, and medications. The progress note, dated 2/26/2015, noted 4/4 psychotherapy session. Current medications included Nabumetone and Trazadone. She was documented as making progress. The treatment plan included an additional 6 sessions of pain psychology. The previous progress note dated 2/23/2015, noted a history of chronic pain, with fluctuating levels of pain. She currently reported a significant flare-up of right elbow pain. She was using tools learned in the Functional Restoration Program. She joined a gym and was exercising daily on her own. She was currently using over the counter pain medications but requested something to use periodically for flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Psychology x 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy, Pain Psychology 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 ODG: Chapter Mental Illness and Stress, 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 state, up to 13-20 visits over a 7-20 weeks period (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: Continued psychological treatment is contingent upon the establishment of medical necessity this is typically exemplified by the documentation of all 3 of the following; patient psychological symptomology at a clinically significant level that warrants continued treatment, total quantity of prior treatment sessions added to the requested number of treatment sessions cumulatively conforming with MTUS/Official Disability Guidelines, and documentation of objectively measurable functional indices of improvement. The provided documentation does reflect the patient has been benefiting from treatment in terms of increased activities of daily living, exercise and socializing. There appears to also have been improvement in her psychological functioning. However, the total quantity of sessions that the patient has received to date has not been clearly stated and could not be reasonably estimated based on the documentation provided. MTUS/Official Disability Guidelines suggested a course of psychological treatment consisting of 13 to 20 sessions maximum in total is sufficient for most patients. An exception can be made in some cases of very severe psychological symptomology but this does not appear to apply in this case. The patient has been participating in her treatment for a period of time of unknown duration and has received psychological treatment in a functional restoration program. It is not entirely clear whether the 6 additional requested sessions would exceed the guidelines suggested maximum of 20 or not but it appears that it would. Because the request appears to exceed guideline maximums for treatment duration, the request is not medically necessary. Should it be that the patient has not had at least 14 prior sessions in total since her injury this finding should

be reconsidered. Because the request is not medically necessary the utilization review determination for non-certification is upheld.