

<b>Case Number:</b>	CM15-0062039		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 57-year-old male with an industrial injury dated 05/24/2011. His diagnosis included bilateral sacroilitis, lumbar disc protrusion, lumbar stenosis and exacerbation of pre-existing depression due to chronic pain. Prior treatments include bilateral sacroiliac joint radio frequency ablation/rhizotomy/neurotomy and medications. In progress note dated 02/18/2015 the treating physician documents the injured worker presents with low back and buttock pain. Also noted was the psychiatric qualified medical evaluation from 12/08/2014 in which psychotherapy sessions were recommended. Physical exam noted tenderness upon palpation of the lumbar paraspinal muscles. Lumbar ranges of motion were restricted by pain in all directions. The psychiatric qualified medical evaluation is not in the submitted records. There were no objective findings related to depression in the submitted records. The treatment plan included consultation with a psychiatrist to evaluate the injured worker's psychiatric medications and to treat his industrially related depression along with 8 sessions of psychotherapy in order for the injured worker to learn pain control. The plan also included medications and durable medical equipment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability 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: As best as could be determined from the provided medical records, this is a request to start a new course of psychological treatment. The patient apparently has completed a psychological evaluation; however a copy of the evaluation was not available for consideration with regards to this request in the provided medical records. A request was made for 8 sessions of psychological treatment. The request was non-certified by utilization review which offered a modification to allow for 4 sessions. The MTUS guidelines specifically state that for the start of a new course of psychological treatment an initial brief treatment trial consisting of 3-4 sessions should be completed initially in order to determine patient's responsiveness to treatment. With sufficient evidence of patient response including objectively measured indices of functional improvement (e.g. activities of daily living increased, increased exercise-social activity reduction in dependency on future medical care and reduction in work restrictions if applicable etc.) additional sessions can be authorized up to a maximum of 13-20 sessions for most patients with an extended treatment being possible for patients with severe major depression/PTSD medical necessity is established by continuing documentation of patient benefit from treatment that they are receiving. The official disability guidelines also suggest an initial treatment trial but allow for 4 to 6 sessions. Because this is a new request for psychological treatment the protocol for an initial treatment trial is being requested by the utilization review and it is supported by both the MTUS and the official

disability guidelines. Additional sessions may be offered contingent upon the establishment of medical necessity and patient benefit as described above. For this reason the medical necessity of this request is not established in the utilization review decision is upheld. This is not to say that the patient does or does not require psychological treatment only that the above mentioned protocol needs to be followed.