

<b>Case Number:</b>	CM15-0080315		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 46 year old female who sustained an industrial injury on 06/12/2009. Mechanism of injury occurred while in the course of her employment while carrying boxes of medical records she experienced pain in her neck and right shoulder. Diagnoses include major depressive disorder, single episode, and moderate degree, right shoulder, cervical spine and lumbar spine injuries, status post-surgery right shoulder, cervical spine myelopathy, lumbar spine myelopathy and right shoulder sprain. She is pending additional right shoulder surgery. Treatment to date has included diagnostic studies, medications, right shoulder surgery in 2010, shoulder injections, epidural steroid injections, chiropractic sessions, and physical therapy. Her medications include Norco, Zanaflex, Lyrica, Xanax and Prozac. A physician progress note dated 02/27/2015 documents the injured worker reports her biggest problem is her back pain and that her life has been turned upside down. She reports feeling increasingly useless, hopeless and worthless. She has difficulty sleeping and has gained weight. Her mental status examination showed her speech in monotonic, reduced in rate, rhythm, tone and intensity. Psychomotor behavior reveals a sling loss of psychomotor animation. She is intermittently tearful with long pauses noted between questions and answers. Her mood appears to be rather significantly depressed. She has a flat affect. She believes she would be better off dead than alive but denies any specific plan or intent to harm herself. She denies any homicidal ideation. Memory for recent and remote events is fair. Insight and judgment is limited. A prescription for Cymbalta was prescribed for the injured worker. Treatment requested is for Individual Psychotherapy x 12, once weekly for 1 month, bi-weekly for 4 months and Psychological testing x 5 billed unit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy x12, once weekly for 1 month, bi-weekly for 4 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 individual psychotherapy one time per week for one month, in biweekly times 4 months for a total of 12 sessions. The request was non- certified by utilization review but on appeal modified to allow for a total of 4 sessions. The stated rationale for the utilization review determination for modification was listed as the following: "4 sessions of psychotherapy is approved based on the recommendation from CA MTUS and ODG that an initial period of psychotherapy be undertaken with reassessment after 4 sessions. This IMR will address a request to overturn that decision. According to the medical records provided for this review, on February 27, 2015 according to an initial treating physician's evaluation (psychiatric) the patient saw a psychologist (date unknown) for to sessions before the psychologist left the clinic and this constitutes her entire mental health treatment on an industrial basis. She is reporting significant symptoms of depression and anxiety with feelings of hopelessness and worthlessness and uselessness and daily tearful episodes and suicidal thoughts that it might be better off dead than alive without a specific plan or intent to

harm herself. She is prescribed 20 mg of Prozac and infrequent use of Xanax 0.5 mg. She has been diagnosed with major depressive illness, single episode, moderate. Psychological treatment does appear to be appropriate, medically necessary, and indicated based on the provided medical records for this patient. The request for 12 sessions however does not follow MTUS protocol for psychological treatment. The MTUS specifies that an initial brief treatment trial consisting of 3-4 sessions maximum should be provided in order to determine patient's responsiveness to the psychological intervention. Contingent upon documentation of continued medical necessity additional sessions can be offered up to a maximum of 13-20 sessions total per official disability guidelines based on her diagnosis. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. Because this request for 12 sessions does not follow the proper MTUS protocol for an initial treatment trial (no medical records were provided from her prior psychological brief treatment) the medical necessity of the request was not established due to excessive quantity and not following MTUS protocol. For this reason, the utilization review determination is upheld. The request is not medically necessary.

**Psychological testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation Page(s): 100-101.

**Decision rationale:** According to the MTUS, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. Decision: A request was made for psychological testing, the request was non-certified by utilization review with the following provided rationale: "the request for psychological testing is not certified as the rationale for this procedure in the specific clinical situation cannot be established." This IMR will address a request to overturn that decision. Medical necessity the requested treatment is not established

by the documentation provided for review. Patient was injured in 2009, and she has been referred to psychological treatment in the past, it would be important to know when this occurred and if a psychological evaluation previously occurred. There is no clearly stated rationale for the request to support and clarify the reason why it is necessary. In addition, the request itself is nonspecific and could not be clearly matched with current treatment guidelines. The closest match of the request in the guidelines is for a psychological evaluation. Psychological evaluations are indicated as appropriate and generally well-established diagnostic procedures. In this case further information is needed with regards to prior psychological evaluations that she may have had in order to establish the necessity of this request. It is essential that therapists monitor ongoing progress of patients response to psychological treatment however this can typically be done within the context of each of individual session rather than a separate assessment procedure. Due to these reasons the medical necessity the request is not been clearly established and therefore the utilization review determination is upheld. The request is not medically necessary.