

<b>Case Number:</b>	CM14-0179114		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	08/26/2008
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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. The expert reviewer is a licensed Psychologist and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records that were provided for this IMR, this patient is a 38 year-old male who reported an industrial injury that occurred on August 26, 2008. The injury reportedly occurred during the course of his employment as a carpenter for [REDACTED]. On the date of injury he was moving several cabinets and had severe back pain by the end of the day the following day was unable to get up out of bed and was taken to urgent care. He received conventional medical care and physical therapy over the next few years until April 2010 when he had spinal surgery. 2 additional surgeries were subsequently conducted including a revision of the prior surgery. He reports continued severe stabbing/throbbing low back pain that radiates down his legs bilaterally worse on the left side. This IMR will focus on his psychological symptoms as they pertain to the related request. He has been prescribed medication Wellbutrin for depression and was taking 150 twice a day. Recently a trial of an SSRI was made in hopes of having a better impact on his depression. A psychological treatment report from March 2014 mentions working on reducing stress and increasing daily activities and noted that he is now volunteering for an hour couple days a week in a teaching program for woodworking and went to college to see if he could become a woodworking instructor. Prior psychotherapy has focused on the patient having one small goal achieved each day and building endurance to return to work. Relaxation exercises have been attempted but were "not very successful." He is diagnosed with Pain Disorder Associated with Psychological Factors and a General Medical Condition. Treatment goals are described as: "improved management of depression and anxiety and chronic pain, reducing his opiate medication use, continuing with physical therapy and home exercise program reducing stress, preparing the patient for readiness to return to work and "close out his case." A similar progress note was found from April 2014 and indicated that they were working on termination from psychotherapy and that the therapist had been working with them for several months. At

that time it was stated by the therapist that he should have one or 2 more sessions prior to termination. In June 2014 an agreed psychiatric re-examination was conducted that noted that the patient has suicidal ideation and a plan in which he would not discuss further. He also mentioned a life insurance policy on himself. With regards to his therapy that he had received he said that it "it helped me a lot and to not feel so totally useless." Medical records reflect a course of treatment from June 18, 2013 to April 15, 2014 with at least 20 sessions of therapy provided in that span of time. A note from his primary physician from September 9, 2014 mentions the patient has been struggling to detox from opiate medications and was placed on Suboxone with a lot of nausea from the detoxification from oxycodone's primary physician mentioned that he refers the patient back to psychology for counseling and support. A request was made for 6 additional sessions of psychotherapy, the request was non-certified. The UR rationale for the non-certification was the patient has completed a significant amount of psychotherapy expanding beyond the guideline recommended treatment and that the patient completed prior psychotherapy under the supervision of a different provider.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **6 Psychotherapy Sessions: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, November 2014 Update.

**Decision rationale:** According to the MTUS, 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 measureable/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) allows 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. The 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. With respect to this case and the request for 6 additional sessions of cognitive behavioral therapy, there is significant documentation reflecting that the patient has had an extensive course of psychological treatment. The current course of treatment appears to have consisted of approximately 20 sessions, there is documentation that the patient also had a prior course of psychological treatment of unknown duration/outcome with a different provider sometime in 2011; no details were provided with regards to that course of care. The patient has benefited from the most recent treatment he has received in 2013-14 and there were notes reflecting reasonable objective functional improvements in terms of having the patient increase activity, making strides in volunteering, and active consideration and initial behavioral attempts at pursuing a new course of employment that might be reasonable given his limitations. Although it did not work out, the patient went from a place of feeling very useless and hopeless to being more active. It appears that his psychological treatment ended in either April or May 2014 and the request to provide 6 sessions was made by his primary physician at this time to help facilitate him through opiate detoxification. The utilization determination for non-certification was accurate and based on the MTUS recommended guidelines. However, according to the official disability guidelines there is an allowance made in cases of severe depression that up to 50 sessions can be considered if the patient is making progress. Because the patient has had a prior course of psychological treatment of unknown number of sessions in 2011 and approximately 20 more in 2013-14 it would be inappropriate for him to have many more sessions than had he has already received. There are also several notes dating back to March 2014 regarding closing his case as a psychological treatment goal. However, in this case what should be considered to be a final block of 6 sessions at this juncture might prove helpful in sustaining the detoxification from opiates and transitioning him to increased independence from future medical care and a return to employment if possible. The request for appears to be reasonable and there is medically sound reasons to allow for it given his opiate detox process and mention of suicidal ideation in a relatively recent psychological assessment. Therefore the request is considered medically necessary.