

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0181133 | | |
| Date Assigned: | 11/05/2014 | Date of Injury: | 06/22/2009 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 10/31/2014 |

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 Board Certified in psychology 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 provided for this IMR, this patient is a 64 year-old male who reported a work-related injury that occurred on June 22, 2009. The injury occurred during while working as a truck driver loading a truck and lifting a battery hood due to a malfunctioning battery when he injured his back. A partial list of his medical diagnoses includes: moderate to severe lumbar degenerative disc disease, status post L4 S1 fusion, low back pain chronic, pain related insomnia narcotic related constipation, and chronic cervicgia. He reports low back pain with radiation to both lower extremities worse on the right side. This IMR will address his psychological symptoms as they pertain to the current request. He reports daily depression, poor sleep, anxiety, tension, social withdrawal, feelings of uselessness, avoiding crowds, forgetfulness, and poor concentration/memory. Psychologically, he has been diagnosed with: depressive disorder, not otherwise specified; pain disorder associated with both psychological factors and a general medical condition. It was recommended that the patient begin psychological/psychiatric treatment. He has been prescribed Sertraline for depression. A psychiatric QME reevaluation from February 2013 states that the patient received 4 sessions of therapy with a psychologist using pain management techniques which he stated was of some benefit. Zoloft was increased to 300 mg per day. He is not been evaluated by a psychiatrist. He reports daily depression, difficulty with sleep, and anxiety. He remains socially isolated and feels useless. His psychological diagnoses from January 25, 2013 were stated as: Major Depressive Disorder; Anxiety Disorder Not Otherwise Specified. Very little information regarding prior psychological treatments was available. One note stated: "He was trained with relaxation response and guided breathing and use of biofeedback to reduce the overall activation of the sympathetic nervous system to help him better manage his anxiety and physical pain experience." There was no indication of the outcome of the sessions. There is an additional memo from August 2014 stating

that 4 sessions of psychotherapy was certified. A psychological progress note from September 2014 states that the patient returned for 4 sessions of psychotherapy with symptoms of depression. It states that the patient had last been seen in June 2013 one month post cervical spine surgery. Treatment session content discussed feeling hopeless and helpless but taking care of chores on his small ranch as best as he can. That he returned to therapy to "seek support for his deteriorating emotional state and find solutions for his current problems as his irritability is negatively impacting his marriage." A note from his primary treating physician from October 9, 2014 states that the patient has had 3 sessions of therapy and mentions the request for 8 additional sessions noting that the treatment "is for depression and anxiety." No information was provided with regards to objective functional improvements that were derived from those 3 sessions, or prior treatment. A request was made for 8 sessions of psychotherapy, the request was non-certified; this IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy Sessions times 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, psychological treatment/cognitive behavioral therapy Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines

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 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) 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. Although there were indications of prior psychological treatment there was insufficient detail with respect to the quantity and outcome of prior treatment. In 2013 the

patient participated in an unknown quantity of psychological treatment, no treatment progress notes or summaries from this treatment were provided. Without knowing the total duration and quantity of sessions as well as the outcome in terms of improvements that were derived, the medical efficacy of the treatment remains unknown. It appears that the patient returned for treatment in 2014 and had 3 sessions; there were also no notes provided that reflects the outcome of those sessions in terms of objective functional improvements. It is also unclear if the patient has had psychological treatment from 2009-2013 what is the quantity and outcome. Medical necessity for continued psychological treatment is contingent on the presence of significant symptoms as well as documentation of specific benefit from treatment, including functional improvement. Given the lack of necessary documentation, the medical necessity for the 8 visits of psychological treatment has not been established. The requested 8 visits of psychotherapy are therefore not medically necessary.