

<b>Case Number:</b>	CM14-0202645		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. 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 (IW) is a 58-year-old female who sustained an industrial injury to the neck, right shoulder, left elbow and low back on 07/01/2005. Diagnoses include chronic pain syndrome, cervical spondylosis, lumbar spondylosis and lumbar myofascial pain. Treatment to date has included medications, physical therapy, TENS unit, nerve blocks and radiofrequency nerve ablations, massage therapy and home exercise program. Anterior cervical fusion was performed in 2008 and she also underwent shoulder rotator cuff repair. According to the PR2 dated 10/23/14, the IW reported pain and dysfunction in the cervical spine, both hands and her low back. The low back pain was the worst, with pain shooting down into the buttock area--worse on the left. On examination, she ambulated with a cane. There were lumbar paraspinal muscle spasms present and the facet joints were tender. The treating provider indicated there were no further injections available to help the IW, due to lack of benefit from previous ablation. A request was made for six psychotherapy sessions to assist the IW in learning to cope with chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy sessions x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

**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. Pages 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 psychotherapy x 6 sessions, the request was non-certified by utilization review of the following provided rationale: "clinician documents subjective complaints that are not clearly psychiatric symptoms. Objective documentation is inadequate, not corroborated by any additional data. Diagnosis is offered but symptoms of said diagnosis are not noted; there is no report of psychiatric symptoms in other records reviewed." This IMR will address a request to overturn the utilization review decision. According to a multidisciplinary initial evaluation functional restoration program report from January 29, 2015, the patient has "developed psychosocial sequelae that have limited her function and recovery after the initial incident, including anxiety, fear avoidance, depression and sleep disorders for which she has received biofeedback and cognitive behavioral therapy, reporting good benefit in terms of her psychological symptoms. She is noted to have occasionally passive suicidal ideation without intention or plan and multiple symptoms of depression. A Beck Depression Inventory score was indicative of severe depression with passive thoughts of death and on multiple psychological indices; there are significant amounts of psychological symptoms being self-reported. She's been diagnosed with the following: Pain Disorder Associated with Both a General Medical Condition and Psychological Factors; Rule out Bipolar Disorder to, Moderate with Mixed Features; Major Depressive Disorder, Recurrent, Severe. An authorization for 10 additional psychological visits was modified to allow for 6 visits in January 19, 2015. 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. The medical necessity of the requested treatment is not established provided documentation. It could not be determined the total quantity of treatment that the patient has received to date however it appears very likely that the request for 6 additional sessions exceeds the MTUS/official disability guidelines. Without knowing the total quantity of sessions at the patient has received it is not possible to determine whether or not 6 additional sessions exceeds the guidelines definitively however based on the treatment progress notes that were provided it appears very likely that she has already received a very lengthy and generous course of psychological treatment. A comprehensive treatment plan for additional sessions was not apparent in the medical records and it's not clear what the stated goals of additional treatment would accomplish and what would be the expected dates of the accomplishment. In addition, there doesn't appear to be a clear plan for transitioning the patient from active psychological treatment to independently functioning from a mental health perspective. Current treatment guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions maximum. And although an exception can be made in cases of severe major depression/PTSD the extension is contingent upon documentation of functional improvement and patient benefit from treatment as well as a clear indication of how many sessions the patient has already received which may quite well already have exceeded 50 sessions which is the recommended maximum for the extended course of psychological treatment offered to patient suffering with the most severe psychiatric disorders. For these reasons, the request is not medically necessary and utilization review determination for non-certification is upheld.