

<b>Case Number:</b>	CM15-0016298		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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 36 year old male who sustained a work related injury on June 6, 2013. He was attacked by a passenger and assaulted with a hand held object when he worked for the transit authority. He complained of lower back pain, neck pain, and right wrist pain. He was having difficulty sleeping due to post traumatic stress disorder and saw a psychiatrist. Treatment included psychiatric treatment, physical therapy, acupuncture, chiropractic treatments, medications and steroid injections to the right wrist. Diagnoses included depression, cervicgia with strain, and lumbago with strain, right wrist pain due to strain and extensor tendonitis and myofascial pain with trigger points. Currently, the injured worker complained of chronic pain in his neck and lower back and difficulty sleeping. On January 22, 2015, a request for additional psychology treatment, once a week for 8 weeks was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Psychology Treatment, Once A Week for 8 Weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines. See also. Decision based on Non-MTUS Citation Medical illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines.

**Decision rationale:** Citation: 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. Determination: The provided medical records indicate in a treatment note from January 22, 2015 that the patient's levels of fear and post-traumatic stress have persisted and that perhaps psychological factors have been primary in preventing musculoskeletal recovery. It was also noted that previous psychotherapy was not effective, possibly due to limited communication as the patient speaks Cantonese and therapy was having to be conducted via an interpreter. It was noted that future therapy should be conducted if possible in Cantonese with an emphasis on treating posttraumatic stress disorder as he was a victim of a violent attack during the course of his employment as a bus driver. It was also recommended that a trial of the medication Cymbalta for depression and anxiety might be helpful. In a treatment progress note from January 14, 2015 from the primary treating physician it was noted that he continues to require further psychological treatment with the request for 8 more sessions one time a week because the prior therapy has been helpful and it is helping him to return to work faster. A treatment progress note from September 2014 the patient's primary treating psychotherapist, a licensed marriage and family therapist, indicates that the patient is making steady progress since the beginning of his psychotherapy treatment and has been able to take on more family responsibilities and participate in more social activities and felt more hopeful about his progress. Additional sessions are being requested to "help him return to his previous level of functioning personally and professionally." The documentation provided for consideration did not clearly state the total number of sessions at the patient has had to date. This information is needed because continued psychological treatment is contingent upon the following factors all being documented: sufficient patient psychological symptomology, evidence of patient benefited from prior treatment including objective functional improvement, and that the total quantity of sessions received conforms to MTUS or official disability guidelines. The official disability

guidelines specify that most patients course of treatment consisting of 13 to 20 sessions maximum total is sufficient. However in some cases of severe major depression or PTSD additional sessions up to 50 can be offered. In this case although the exact number of sessions the patient has received to date was not provided an estimation was made based on his date of injury and when he likely started to participate in psychological treatment would most likely be less than 42 sessions that he has received. There also was documentation of patient benefit, although there was no objectively measured indices of improvement. In general, the documentation that was provided was very minimal as only one treatment letter indicating patient benefit was provided. There was no active treatment plan provided with stated goals and expected dates of accomplishment. Despite the limitations of the medical records additional psychological treatment appears to be indicated based on difficulties that occurred with conducting treatment in a foreign language and that there is some evidence of patient benefit and continued medical need as well as that an estimation of the total amount of sessions appears to be less than the maximum suggested by treatment guidelines for his diagnosis. Therefore the medical necessity and reasonable nature of the request has been established in the utilization review determination for non-certification is overturned.