

<b>Case Number:</b>	CM15-0122646		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	07/17/2007
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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 50 year old male, who sustained an industrial injury on 7/17/2007. The mechanism of injury was a kick in the head by a patient. The injured worker was diagnosed as having cervical spondylosis with myelopathy and left hemiparesis. There is no record of a recent diagnostic study. Treatment to date has included anterior cervical discectomy and fusion, cervical facet injections, psychotherapy, physical therapy and medication management. In a progress note dated 6/3/2015, the specific complaints were not listed, but just a decrease in function and a deteriorating condition. Physical examination showed restricted left shoulder range of motion and left hemiparesis. The treating physician is requesting 24 sessions of psychological therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological therapy x 24 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress (updated 03/25/2015) Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment. Decision based on Non-MTUS Citation (ODG), Chapter Mental Illness and Stress, Cognitive Behavioral Therapy, Psychotherapy Guidelines, March 2015 update and ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, pages 101-102; 23-24.

**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 co-morbid 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. A request was made for psychological therapy 24 sessions; the request was non-certified by utilization review with the following provided rationale: "Patient has already received an excessive number of treatments; and there is no indication/documentation of clinically meaningful objective functional improvements in recent treatment. Current ADL impairment and current medications are not documented. I note the issue of patient using "suicidality as a tool," and there is no provided indication of suicidal risk at this time. The allusion to the QME psychiatric report suggesting need for continued therapy for 5 years as noted; however, known. Call evidence exists for such care this type of case and no substantive change of treatment plan is noted..." This IMR will address a request to overturn the utilization review decision. According to a treatment progress note PR-2 of the patient's treating psychologist April 15, 2015 it is noted that the patient is diagnosed with the following: Major Depressive Disorder, Single Episode; Anxiety Disorder Not Otherwise Specified; Male Hypoactive Sexual Desire Disorder. Further, it is noted that the patient is exhibiting "depressed mood, chronic pain disrupted eating and sleeping, anger and frustration, sense of being overwhelmed by events continuing pain. It is noted that there is struggling with constant emotional hyper arousal." There was no specific discussion of mention of treatment progress for improved activities of daily living is a function of the patient's treatment reflected in this treatment progress note. According to a comprehensive psychological evaluation from April 23, 2015 the patient is noted to have suffered a significant psychiatric injury as a result of the occupational injury and is currently being treated with Lexapro to be increased to 40 mg a day as well as Prazosin 1 mg HS, and is having PTSD like symptoms

cognitive behavioral and supportive psychotherapy is recommended. 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 including objectively measured functional improvements. The medical necessity of this request is not established by the documents provided for consideration. There is an unknown quantity of treatment sessions at a party been provided. Although some treatment progress notes have been submitted for consideration there's no reflection on these progress notes of how much treatment the patient has received to date. Current MTUS/official disability guidelines recommend a typical course of psychological treatment consisting of 13 to 20 session's maximum for most patients. An exception can be made in cases of severe major depressive disorder to allow for up to 50 sessions for one year of treatment. However because the total quantity and duration of the treatment already provided is not clearly stated in the submitted documents could not be determined whether additional sessions would exceed guidelines. Twenty-four sessions exceeds the maximum recommended per ODG for most patients. Submitted treatment progress notes do not reflect patient progress, increased ADLs or improved functional capacity. Although treatment goals are listed there's no updated information regarding achievement of these goals nor is there an estimated date of accomplishment from goals listed, the treatment plan itself lacks specificity and does not include a phase out or weaning of treatment discussion. Because of these reasons the medical necessity the request is not established and therefore the utilization review decision is upheld. This is not to say that the patient does not require psychological treatment, only that the request as written is not medically necessary or supported by the provided documentation.