

<b>Case Number:</b>	CM15-0068827		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/05/2008
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 67-year-old male, who sustained an industrial injury on 09/05/2008. The injured worker is currently diagnosed as having major depressive disorder, chronic lower back pain, lumbar spine degenerative disc disease and joint disease, groin hernia status post surgical repair with complication of deep vein thrombosis, chronic deep vein thrombosis in the left leg, left shoulder injury status post arthroscopic surgery, and left knee injury. Treatment to date has included psychiatric sessions, cognitive behavioral therapy, biofeedback, and medications. In a progress note dated 11/17/2014, the injured worker presented with complaints of depressed mood, anxiety, trouble sleeping, irritability, tearfulness, pain and discomfort in left lower extremity, and numbness in bottom of left foot and groin. The treating physician reported requesting authorization for bi-monthly psychiatric sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve bi-monthly psych sessions (provided on March 10, May 5, June 30, August 4 and November 17, 2014): 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 Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 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 12 bimonthly psych sessions (provided on March 10, May 5, June 30, August 4, and November 17, 2014). The request was non-certified by utilization review with the following provided rationale: "there is no psychological evaluation in the file, no interim psychological treatment data or an indication for the current need for treatment, and no data about the scope and benefit of treatment thus far." This IMR will address a request to overturn that decision. 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, evidence of patient benefited from prior treatment session including objectively measured functional improvement. The provided medical records do not establish the medical necessity of the requested treatment. Although the provided medical records do detail his physical condition and briefly mention that he is struggling with significant depression and being medicated with the antidepressant medication Cymbalta, which he briefly discontinued with bad results and restarted subsequently, there were no psychological treatment documents provided for supporting this request. Missing psychological treatment documents as follows: progress notes, treatment plan with stated goals and estimated dates of accomplishment, a discussion of what is being addressed in therapy, rationale for current requested treatment, and in general there was no communication whatsoever from the primary treating psychologist regarding this request. Because of these reasons, the request is not medically necessary. Therefore, the utilization review determination for non-certification of the request is upheld.

