

<b>Case Number:</b>	CM15-0094146		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 45 year old female, who sustained an industrial injury on 07/02/2012. She has reported injury to the head, neck, and right shoulder. The diagnoses have included cervical radiculitis; headache face/head pain; impingement syndrome; post-concussion syndrome; adjustment disorder with mixed anxiety and depression; cognitive disorder; and pain disorder associated with psychological factors and general medical condition. Treatment to date has included medications, diagnostics, injection, and cognitive behavioral therapy. Medications have included Ultram, Xanax, Effexor, Imitrex, and Lyrica. A progress note from the treating physician, dated 04/17/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued episodes of pain; headaches, with eyesight blurring, soreness to touch of scalp at temples, fatigue, dizziness, and nausea; pain symptoms have interrupted her personal interactions with family and her fluctuating ability to do daily chores; sleep has been erratic and most often unrestful; felt relieved by steroids; ability to function is directly related to her pain symptoms; depression; and decrease in cognitive skills such as concentration and memory when in pain. Objective findings included anxiety has been increased and her depressive symptoms have fluctuated depending on her medical symptoms which have dramatically fluctuated; and needs to cancel appointments when pain has been severe due to increased headaches and dizziness, which leave her unable to drive to sessions. The treatment plan has included the request for psychotherapy sessions (12 weekly 60 minute psychotherapy sessions).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy sessions (12 weekly 60 minute psychotherapy sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT).

**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. A request was made for 12 weekly 60 minute psychotherapy sessions, the request was noncertified with a modification by utilization review which provided the following explanation: "the claimant has had multiple psychotherapy sessions which are significantly in excess of the recommendations of the guidelines. The 4 sessions should be utilized towards termination of psychotherapy as excessive psychotherapy is known to result in dependency. The claimant may need to be evaluated for another modality of psychological treatment from persistent complaints. Therefore the 12 60 Minutes psychotherapy sessions are not necessary. However for sessions are medically necessary." This IMR will address a request to overturn the utilization review determination. 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 total quantity of sessions at the patient has received as of the date of the IMR request is not clearly stated in the medical records this information is important because in order to authorize additional sessions and overturn the utilization review decision; the request for additional sessions must conform with current guidelines which recommend a course of psychological treatment consisting of 13 to 20 sessions maximum for most patients. While an exception can be made in cases of severe Major Depressive Disorder or PTSD it is not clear if this would apply in this case. The patient had a psychological/psychiatric evaluation in November 2013. At that time she was diagnosed with: Adjustment Disorder with Mixed Anxious and Depressed Mood, Cognitive Disorder NOS, and Pain Disorder Associated with Psychological Factors and a General Medical Condition (Head Injury/Fibromyalgia). Rule out Narcolepsy. Cognitive behavioral therapy was recommended in July 2013, it's not clear if it started at that time or at an earlier date as the note states that "the applicant should continue with cognitive behavioral therapy as has been specified by [REDACTED] and also supportive psychotherapy." According to a December 2014 utilization review the patient had received at least 24 sessions of cognitive behavioral therapy in the past. It appears, but is not entirely certain, that 10 additional sessions, perhaps more, have been authorized including the 4 from this current request. Thus, it appears very likely that 12 additional sessions would greatly exceed the number of recommended sessions for most patients, and possibly exceeds even the most extended course of treatment recommended in the MTUS/official disability guidelines. Because the request appears to exceed treatment guidelines for session quantity, the request is not medically necessary on this basis and therefore the utilization review determination is upheld.