

<b>Case Number:</b>	CM13-0008542		
<b>Date Assigned:</b>	10/22/2013	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, and is licensed to practice California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 31-year-old right-hand dominant gentleman who suffered a saw injury to his right hand on May 10, 2012. He has been given extensive psychological testing which showed he scored very high for severe posttraumatic stress disorder (PTSD). The provider wrote that on July 18, 24 and 30, 2013 the patient showed functional improvement in psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 12 individual psychotherapy sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Section on PTSD psychotherapy interventions

**Decision rationale:** The MTUS guidelines recommended behavioral interventions as "the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The ODG' Cognitive Behavioral Therapy (CBT) guidelines for chronic pain indicate that: screening for patients with risk factors for delayed recovery, including fear avoidance beliefs.

The screening can be done using the Fear-avoidance beliefs questionnaire (FABQ). The guidelines also indicate that initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: initial trial of 3-4 psychotherapy visits over 2 weeks - with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. These guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. In addition, the Official Disability Guidelines (ODG) indicate that psychotherapy interventions is very specific about the number of psychotherapy sessions recommended for patients with posttraumatic stress disorder (PTSD). The guidelines states: initial trial of 6 visits over 3-6 weeks- with evidence of symptom improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions). Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. (Leichsenring, 2008)" From the provided record, on July 18, 24 and 30, 2013, the provider wrote that the patient showed functional improvement in psychotherapy. Because of the functional improvement seen in this patient, 12 psychotherapy sessions falls within the guideline of 13-20 visits; therefore, the request is medically necessary. The request for prospective request for 12 individual psychotherapy sessions is medically necessary and appropriate.

**Prospective request for 12 biofeedback therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Section on PTSD psychotherapy interventions

**Decision rationale:** The MTUS guidelines recommended behavioral interventions as "the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The ODG' Cognitive Behavioral Therapy (CBT) guidelines for chronic pain indicate that: screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. The screening can be done using the Fear-avoidance beliefs questionnaire (FABQ). The guidelines also indicate that initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: initial trial of 3-4 psychotherapy visits over 2 weeks - with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. These guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. In addition, the Official Disability Guidelines (ODG) indicate that psychotherapy interventions is very specific about the number of

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