

<b>Case Number:</b>	CM14-0175079		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	03/04/2004
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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. The expert reviewer is licensed in Psychology and is licensed to practice in 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 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/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:

According to the records provided for this independent medical review, this patient is a 54 year-old female who reported an industrial injury that occurred on March 4, 2004 during her employment as a cashier at [REDACTED]. Her work duties also included heavy lifting (e.g. televisions). The medical records provided very few details regarding her medical diagnoses/condition. This IMR will be focused on the patient's psychological/psychiatric symptomology as it relates to the current requested treatment. She reports increasingly severe depression and feels that her injury has affected "her mind and that she feels useless." She reports severe back pain, anxiety attacks and depression, trouble sleeping, exhaustion and fatigue, worry about her future and health, social withdrawal, lack of interest in usual activities, nervousness and irritability and frustration and persistent physical pain. Psychologically, she has been diagnosed with: Adjustment Disorder with Mixed Anxiety and Depressed Mood. Per patient report, she has had 8 prior sessions of psychotherapy in 2011 for stress. The request was made for 12 sessions of individual outpatient psychotherapy, the request was non-certified with modification allowing for 6 sessions. This IMR will address a request to overturn that determination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy x 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, psychological treatment ,see also cognitive behavioral therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress Chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, October 2014 update.

**Decision rationale:** According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/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 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. With respect to the current request, it appears that the patient has begun receiving psychological treatment however there were no progress notes provided with regards to the outcome of any sessions that have already been completed. It is unclear how many sessions have already been authorized. Continued treatment after an initial treatment trial is contingent upon evidence of progress typically defined as objective functional improvement. There was no discussion of her prior sessions and whether or not any objective functional improvements have occurred. It does appear that she started treatment recently and it is possible that the session paperwork was not available at the time of this request. The patient has been injured since 2005 and there is indication that she received some psychological care in 2011 that was unspecified in terms of duration and quantity/type of therapy provided. It would be important to determine what prior treatment she has already received and if there were other courses of psychological treatment that occurred between 2005 and 2011. In order to ensure that the current treatment course is not redundant, additional information needs to be provided for further authorization. Also, the current request for 12 sessions of psychotherapy is the equivalent of 3 months of treatment if the patient is coming in once a week. The official disability guidelines stipulate that "the provider should evaluate symptom improvement during the process so that treatment failures can be identified." A 3 month course of treatment would be excessive in duration and quantity of sessions not allowing for the ongoing assessment of continued medical necessity. Treatment guidelines recommend that for most patients a course of 13 to 20 sessions maximum is sufficient, with exceptions of severe symptomology which do not appear to be applicable in this case. The current request for 12 sessions is nearly the maximum recommended session quantity without consideration of any prior sessions that she may have had during the initial treatment trial phase. Because this request exceeds recommended guidelines, and a utilization review modification was offered, the current requests to overturn the utilization review determination is not found to be medically necessary.