

<b>Case Number:</b>	CM14-0176442		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Board Certified 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 IMR, this injured worker is a 23 year and 11 months old female who reported an industrial injury that occurred on January 6, 2014. The injury reportedly occurred during her normal work duties for [REDACTED] as a Head Teller when she was robbed. The bank is described as a very small branch without safety glass and few employees, she was handed a note requesting the money she had available and bank robber took the money and ran out of the building while somebody started crying and apparently yelled: "he has a gun." She was given one week off work and returned part time for one month and then working full time but reported not being able to continue to work due to emotional distress. She was transferred to a different branch but had a panic attack. Difficulties are noted with anxiety, apprehension, sleep disorder nightmares and flashbacks, social isolation and hypervigilance. While she was trying to return to work the customer tried to cash a fake check resulting in her having flashbacks. She reports that initially she thought she was okay but as time passed she began to feel increasingly impacted by the robbery with anxiety, nervousness, difficulty sleeping and difficulty returning to work. She has been prescribed Lexapro which she took for 4 months before discontinuing, and Buspirone for anxiety which she took a few times but discontinued out of fear of addiction. She is described as anxious and depressed and unsure about returning to work at a bank setting. She was diagnosed with the following: Adjustment Disorder with Mixed Anxiety and Depressed Mood. She reportedly has some symptoms of Post-Traumatic Stress Disorder but does not meet criteria for a full diagnosis. A request was made for 10 additional psychotherapy sessions; the request was modified to allow for 4 psychotherapy sessions with the 6 remaining sessions noncertified. This IMR will address request to overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten Psychotherapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. 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. 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. 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) allows 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. The requested treatment for 10 additional psychotherapy treatment sessions is not supported by the documentation provided for this IMR. There is sufficient evidence that she has had a total of 9 sessions to date and while the treatment guidelines recommended for her diagnosis and symptom severity suggest that 13-20 visits would be medically reasonable, the progress notes that were provided do not contain any discussion of objective functional improvements or that progress being made based on the 9 sessions that she has already received. Utilization review allowed for 4 additional treatment sessions as a partial certification. Given that this injured worker's reported injury is relatively recent and that the impact of the robbery is still affecting her life additional sessions are reasonable, and medically necessary. However because there was no documented evidence of objective functional improvements based on prior treatment sessions, the additional sessions that have been requested have not been supported adequately by the documentation provided to support overturning the utilization review determination. Therefore, due to medical necessity not been established (insufficient documentation of objective functional improvements), the request is not medically necessary.