

<b>Case Number:</b>	CM14-0038045		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/14/2006
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 as they were provided for this IMR, this patient is a 57 year old female who reported a work-related injury that occurred during the course of her employment at [REDACTED] on August 14, 2006. The mechanism of injury was not reported. No details regarding the patient's psychological injury in terms of how it occurred were provided. This IMR will be focused on the patient's psychological/psyche symptoms as it pertains to the requested treatment. According to a PR-2 progress report dated February 7, 2014, she has been diagnosed with depressive disorder not otherwise specified and anxiety disorder not otherwise specified and reports subjective states of: depression, diminished energy, feeling slow down, loss of interest and motivation, feelings of worthlessness hopelessness and helplessness, difficulty getting sleep at night, episodes of uncontrollable crying, anxiety, episodes of panic, anxiety related headaches. She has been prescribed the following psychiatric medications: Celexa, Ativan, Ambien. No treatment notes from her primary psychiatrist were provided. A request was made for 6 sessions of cognitive behavioral psychotherapy for depression and anxiety, with sessions to be held once every other month. The request was not approved. An objection to the utilization review determination and request for reconsideration dated April 4, 2014 was reviewed. The note states that the patient has "displayed benefit from prior psychotherapy that includes increased hopefulness, improved organization and use of time and energy, improved ability to relax with fewer tension related headaches but reasonably requires further cognitive behavioral therapy to control panic attacks and insomnia. The decision also failed to take into consideration the findings of a psychiatric AME (not provided for review) which stated that continued monthly psychological treatment is needed. At the patient has a chronic condition for which no cure is possible but continuing treatment services are essential for sufficient symptom relief and relies on the MTUS/ACOEM guidelines which do not pertain to her condition, and that the APA

practice guidelines should be adhered to which allow for 20 sessions in maintenance phase." This IMR will address a request to overturn The UR decision and will focus on the patient's psychological symptomology as it pertains to this request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **6 Cognitive Behavioral (CBT) psychotherapy for depression and anxiety: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, psychological treatment cognitive behavioral therapy Page(s): 101-102.

**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. The medical records that were provided for this review were insufficient to support the medical necessity the requested treatment. Medical records contained no specific psychological treatment progress notes regarding her prior psychological treatment history. No psychological/psychiatric evaluation was provided. No detailed information with respect to how many treatment sessions and over what duration of time was provided. No quantitative information was provided to support the contention of patient improvement from prior treatment. There were no specific treatment goal or plan with regards to this or prior sessions with expected dates of accomplishment, or prior dates of goals accomplished by treatment. The only documentation provided for consideration for this request was the objection to the UR determination letter stated above. There was no information regarding the nature of her psychiatric/psychological stressors as they relate to the injury and given that her injury that occurred over 7 years ago. According to current official disability treatment guidelines up to a maximum of 50 sessions can be offered to patients with severe psychiatric/psychological

symptomology of major depression or PTSD. There was insufficient documentation to reflect that she falls into either of those diagnostic classifications. The guidelines suggest that a course of treatment of 20 sessions maximum for most other patients is sufficient, but in this case it was not clear how many sessions she has already received and for how long she's been in treatment and what methods are being used to facilitate independence from psychological treatment in the future. Continued psychological care is contingent upon not only substantial patient psychological symptomology but also evidence of objective functional improvements from prior treatment. Due to insufficient documentation of the patient's prior course of psychological treatment and objective functional improvements derived from it, the requested treatment's medical necessity was not established and therefore the request is not medically necessary.