

<b>Case Number:</b>	CM14-0059781		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/08/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Psychiatry 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:

Injured worker is a 52 year old male with date of injury 1/08/2009. It was suggested that prior treatments have included stress group therapy that started on 08/12/13 and cognitive behavioral therapy (CBT) that started on 08/15/13. It is unclear as to how many sessions he has undergone so far. Report dated 9/27/2013 indicated that he was spending most of his time at home trying watching television and stayed in his room, but was unable to concentrate. He was being awakened at irregular hours throughout the night due to panic attacks and shortness of breath, averaging seven days per week. He reported feelings of hopelessness, uselessness and worthlessness. His sustained emotional state was stated to be sad and anxious, objectively he was found to be listless and depressed. He was diagnosed with Post Traumatic Stress Disorder and Major Depressive Disorder, Single Episode, Severe with Psychotic Features.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional individual CBT four times per week for 6 months:** 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 for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) <Mentl and Stress>, <Cognitive therapy for PTSD>.

**Decision rationale:** ODG states "Cognitive therapy for PTSD is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Number of psychotherapy sessions: There is very limited study of the exact number of sessions needed in a course of psychological or psychiatric treatment. There are a small number of studies offering some basic directions on this topic, and they are summarized below. Using historical data from workers' compensation cases, the ODG guidelines for number of visits are consistent with actual reported data. Using the ODG Crosswalk for the common ICD9 diagnosis code 308, Acute reaction to stress, and the CPT procedure code 90806, Individual psychotherapy, office or outpatient, approximately 45-50 minutes face-to-face, the number of visits at the 25% percentile was 5, the median was 12 visits, and the 75% outlier percentile was 33. (URA, 2014) This meta analysis found that the effects increased somewhat with a higher number of treatment sessions beyond 4 to 6 sessions, but this did not continue after 18 to 24 total sessions. However, there was a strong relationship between the number of treatment sessions per week and effect size. ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made."ODG recommends up to 50 sessions for cases of severe PTSD. The request for Additional individual CBT four times per week for 6 months i.e 96 additional sessions is excessive and not medically necessary. It has been indicated that prior treatments have included stress group therapy that started on 08/12/13 and cognitive behavioral therapy (CBT) that started on 08/15/13. It is unclear as to how many sessions he has undergone so far. The request is not medically necessary based on the guideline recommendations.

**Additional Group Therapy two times a week for six months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068, Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Therapy Chronic Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) <Mentl and Stress>, <Cognitive therapy for depression, PTSD>.

**Decision rationale:** ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made."ODG recommends up to 50 sessions for cases of

severe PTSD. The request for Additional Group Therapy two times a week for six months is excessive and not medically necessary. It has been indicated that prior treatments have included stress group therapy that started on 08/12/13 and cognitive behavioral therapy (CBT) that started on 08/15/13. It is unclear as to how many sessions he has undergone so far. The request is not medically necessary based on the guideline recommendations.