

<b>Case Number:</b>	CM14-0063975		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 is a 51 year old male patient who reported a work-related injury that occurred on May 27, 2010. The mechanism of injury was not reported, the patient complains primarily of constant low back and shoulder pain. He has been diagnosed with status post left shoulder rotator cuff repair, lumbosacral strain and lumbar radiculopathy, L4-5 disc extrusion, attempted suicide and sleep disorder. This review will be focused on the patient's psychological/psychiatric symptomology as it pertains to the current requested treatment. The patient has been diagnosed with Major Depressive Disorder, single episode; Generalized Anxiety Disorder; Male Hypoactive Sexual Desire Disorder. The most recent treatment progress note was from his psychiatrist and states that "the patient is compliant with his psychiatric medications and is feeling better and denied any level of suicidal thoughts. Requested high level of care for the patient due to severe depression and that the patient needs to continue group and individual therapy. His affect was described as appropriate and thought processes within normal limits including speech and perceptions. Psychiatric medications include Zoloft and Abilify, Trazodone." The most recent psychological progress note was from nearly one year old January 2014 and did not include a discussion of the number of sessions patient is already received or duration of treatment. A psychological treatment note from the patient's primary psychologist January 17, 2014 and indicted suicidal ideation 2 to 3 times a week with chronic pain and depressive and anxious symptoms. The note further states that the patient has no active plan or intention to commit suicide. Treatment goals were listed as decreasing the frequency and intensity of depressive and anxious symptoms, increasing engagement in usual activities and social interactions, improve duration and quality of sleep, developing rational thoughts about levels of pain and stress, improving self-esteem, decreasing frequency and intensity of suicidal ideation or thoughts of death. These treatment goals were

non-specific with regards to the differential between individual therapy and his group there were no estimated dates of achievement provided therapy, and progress towards each specific goal was not addressed clearly. The note further indicated that cognitive behavioral group psychotherapy should be held one time a week to help the patient cope with physical condition, levels of pain, and emotional symptoms for 12 weeks and individual psychotherapy one time a month to develop appropriate coping skills and behaviors to manage symptoms. A prior psychological treatment progress note from December 13, 2013 that occurred before his psychiatric hospitalization reflects increased depression subsequent to life mentioning wanting a divorce due to problems that resulted from industrial accident. A request was made for Cognitive Behavioral Group Psychotherapy Sessions one time a week for 12 weeks; the request was non-certified without modification by utilization review, this IMR will address a request to overturn that decision. A notation in the utilization review determination from April 2014 states that they agreed to allow 6 additional visits of individual psychotherapy but no group psychotherapy, and that the patient had had a psychiatric hospitalization in 5-6 days in December 2013 suicidal ideations but denies a plan or intention to commit suicide. No documents were provided with regards to whether or not these 6 sessions of individual psychotherapy occurred and if so what the benefit/outcome to the patient was. Utilization review stated that there was no documentation of medical rationale or specific treatment goals that would be addressed by con-current group psychotherapy noting that additional individual psychotherapy for monitoring depression/suicidal ideation and addressing further treatment goals was provided.

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

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

**Cognitive Behavioral Group Psychotherapy Sessions 1 x a week for 12 weeks, Quantity: 12:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-25. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines part 2, behavioral interventions, cognitive behavioral therapy Page. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, November 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. 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 recommend 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. 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 necessity of the requested treatment was not established. The documentation provided for this review was not current and did not specify the total duration/quantity of treatment provided already and the results/benefit to patient that were achieved as a direct result of prior treatment. The official disability guidelines and MTUS do allow for the generous duration of psychotherapy in cases of severe major depression. Up to 50 sessions may be offered if there is documentation of objective functional improvements and treatment progress being made. This requirement was not met by the documentation provided. In addition, the rationale for both concurrent individual and group treatment was not established by the requesting treatment provider. It is not known how many of the recommended 50 sessions he has received. His level of symptomology as of January 2013 does appear to be significant to the extent that the extended course of treatment would be appropriate contingent upon adequate documentation of progress towards treatment goals and continued medical necessity, but neither of these were adequately addressed in the treatment progress notes. Continued treatment is contingent upon not only patient psychiatric symptomology but also by objective functional improvements being derived from the treatment. Only 2 psychological progress notes were provided both nearly a year old and neither of them addressing working towards treatment goals that were mentioned or providing a discussion of the bigger picture of the patient's treatment. 6 sessions of individual psychotherapy were authorized based on the April 2014 request, but there was no subsequent documentation with regards to the outcome of these sessions. The request for Cognitive Behavioral Group Psychotherapy Sessions is not medically necessary.