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| <b>Case Number:</b>   | CM14-0073948 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 06/14/2012 |
| <b>Decision Date:</b> | 08/27/2014   | <b>UR Denial Date:</b>       | 05/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/21/2014 |

### 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 Clinical 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 that were provided for this independent review, this patient is a 43-year-old female who reported an industrial/occupational injury on June 14, 2012. Her employment is listed as cherry picker. On the date of her injury she fell off a ladder that was 16 feet high and landed on her left side and noted immediate onset of severe pain. Her pain has increased over time since her injury. She describes the pain as constant and burning on her left side with radiating pain into her extremities. She reports pain in her low back, left foot, ankle, lower arm and her neck. The patient has become increasingly depressed with her continued pain and is socially isolating, she is frustrated with her inability to perform normal activities as she used to pre-injury. Her time with her children is decreased she is increasingly dependent on her husband and she is not been able to work since the injury is having difficulty sleeping at night and wakes up with nightmares and bad dreams and has spontaneous crying episodes with some feelings of helplessness and hopelessness. She has been diagnosed with; Depressive Disorder due to another Medical Condition (with major depressive-like episode, severe and with anxious distress); Psychological Factors Affecting Medical Disorder, Severe; Chronic Pain Disorder; and compulsive personality traits. She meets the criteria for Major Depressive Disorder, severe. A comprehensive psychological evaluation was conducted in February 2014 and recommended that she participate in twice a week psychological treatment for at least three months along with continuation of antidepressant medication. It further notes that at some point her treatment frequency might be able to be reduced down to once a week and then eventually down later to in general for progress will be slow. She reports that the medications that have been tried to help her with her pain condition have caused additional problems and she is trying her best to get by without medication to the extent that it is possible. There is significant marital distress since her accident. Psychological treatment progress notes indicate that the patient has had treatment

sessions in February March and April, I was unable to determine the total number of sessions that the patient has had as it was not specifically stated by her treating provider. This information is critically important as the determination on whether she can have additional sessions is contingent upon it. That said having reviewed her chart carefully I estimate that she has had approximately 12 sessions of psychological treatment so far. It is quite possible that this number is an accurate. A request was made for 24 additional sessions of psychological treatment. A request was noncertified and the utilization review rationale for their decision was that the patient has already exceeded MTUS guidelines which state that a patient may have 6 to 10 psychotherapy sessions and that with this request she will have exceeded that amount. This independent review will address a 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:

#### **24 sessions of psychotherapy: Overturned**

**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, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and stress chapter, Topic: psychotherapy guidelines, cognitive behavioral therapy, June 2014 update.

**Decision rationale:** The patient is making every effort she can to not have medical procedures and is trying to use a more holistic approach to her treatment. Her medical chart indicates that she has had some initial psychotherapy treatment but has not yet had a full course. The guidelines that were referenced by insurance utilization review (MTUS 6-10 sessions maximum) is the strictest. According to the official disability guidelines, "patients who are making progress in their psychological treatment may have up to 13-20 sessions maximum; however patients who have complex psychological symptomology, for example PTSD or Severe Major Depressive Disorder, may have up to 50 sessions if progress is being made." This patient appears to qualify for severe major depressive disorder criteria allowing up to 50 sessions. Given that I think she's only had approximately 12 sessions, the request for 24 additional would keep her under the maximum. In general requesting 24 sessions is more than should be authorized at one time given the need to continue demonstrating functional improvement and progress as her treatment goes on. However, given the unique severity of this particular patient's condition I think it would be reasonable to offer her this amount of treatment. Any subsequent treatment if it is medically necessary to demonstrate clear objectively measured functional improvement. The decision of this independent medical review is to overturn the non-certification and to allow 24 additional sessions of psychological treatment. Therefore, this request is medically necessary.