

<b>Case Number:</b>	CM14-0165071		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 licensed in Psychologist (PHD, PSYD) 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 provided medical records, this patient is a year old male who reported an occupational-related injury that occurred on November 11, 2011 as the result of a tragic motor vehicle accident that resulted in the death of one child and injury to another. This IMR will address the patient's psychological symptomology as it relates to the current requested treatment. He has been diagnosed with: Acute Reaction to Stress, Other; and Posttraumatic Stress Disorder. He has been prescribed Xanax 0.25 mg 1-2 tabs HS for anxiety. According to a psychological progress report from April 24, 2014, the patient "is not as preoccupied by his traumatic event. His energy level is reduced and he experiences sudden bursts of intense anger and reports very poor sleep with severe financial debt." Treatment goals are listed "to rehabilitate his PTSD condition and reduce his level of anxiety, panic and increased his ability to control his behavior and symptoms together with functioning more effectively" psychological testing in April 2014 reflected irrational coping and symptoms of anxiety, somatization, phobic anxiety, hostility, and psychoticism." A request was made for 6 sessions of psychotherapy and 6 sessions of biofeedback, the request was modified to allow for 2 sessions of each treatment modality to facilitate the conclusion of his treatment course by utilization review with the remainder being non-certified; this IMR 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:

**Psychotherapy x 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**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, 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 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 for 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. With regards to the current requested treatment, the medical necessity of the request was not established by the documentation provided. The patient appears to have received several years of psychological care. The total quantity of sessions that the patient has received was not reported for the documentation provided for consideration. This information is needed in order to determine whether or not this request for additional sessions falls within the MTUS/official disability guidelines. For most patients, 13-20 sessions is determined to be an adequate course of treatment, however in some cases of severe major depression or PTSD up to 50 sessions can be provided if progress is being made. Because this patient does have a diagnosis of PTSD he would be eligible for the extended course of treatment as long as there is adequate documentation of ongoing progress being made in treatment and ongoing medical necessity. Although treatment progress notes were included for consideration, they were numbered sequentially with respect to the authorization without a cumulative total making it impossible to determine if the request for 6 additional sessions falls within the guidelines. Because his treatment has spanned the course of several years, with a break in 2012 to early 2013, it does appear that he has received substantial, sufficient and adequate psychological care. In addition, a specific treatment plan with stated goals and estimated dates of accomplishment for the additional sessions was not provided. The treatment plan that was mentioned was non-specific. Because of these reasons the medical necessity of the request was not established, and because medical necessity was not established the request to overturn the utilization review determination is not approved.

**Psychophysiological Therapy (Biofeedback) x 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, biofeedback Page(s): 24-25.

**Decision rationale:** According to the MTUS treatment guidelines for biofeedback it is not recommended as a stand-alone treatment but is recommended as an option within a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered. An initial trial of 3 to 4 psychotherapy visits over two weeks is recommended at first and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. After completion of the initial trial of treatment and if medically necessary the additional sessions up to 10 maximum, the patient may "continue biofeedback exercises at home" independently. With regards the request for 6 additional biofeedback sessions, the patient has already had a course of biofeedback and the request for 6 additional sessions would exceed the recommended guidelines of 6-10. Because the request exceeds maximum guidelines, the request is not approved to overturn the utilization review non-certification decision.

**Psychological Progress Report, once a month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, psychological evaluation Page(s): 100-101.

**Decision rationale:** The MTUS and official disability guidelines are silent on the issue of psychological progress reports (unspecified quantity). Psychological progress reports are considered to be an included part of treatment to be written after each session. The MTUS does state that psychological evaluation is appropriate for identified patients, however this patient is already received sufficient psychological evaluation. Because the treatment request was not approved, the requested psychological progress reports for the not not-authorized psychological treatments, would be unnecessary in that context. Therefore, the utilization review determination is upheld.