

<b>Case Number:</b>	CM14-0199254		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	09/27/1999
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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:

This is a 67 year old female with a work related injury dated 09/27/1999. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a psychotherapy progress report dating 09/01/2014 to 09/30/2014, the injured worker has been seen 39 out of 45 certified sessions. The injured worker stated that September was really tough. Diagnoses included major depressive disorder and pain disorder associated with both psychological factors and general medical condition. Treatments have consisted of weekly cognitive behavioral psychotherapy, medications, telephone consults, related psychiatric and social services. Diagnostic testing was not noted in received medical records. Psychological treatment is being provided to "prevent further decompensation." Work status is noted as off work. The utilization review dated 11/10/2014, non-certified the request for individual psychotherapy treatment, one (1) session per week for twenty (20) weeks, citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Psychological Treatment. The Utilization Review physician stated that the most recent note is from August 2014 and there is no recent information to indicate the injured worker has had objective functional benefit since the August note. Therefore, the utilization review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy treatment one (1) session per week for twenty (20) weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

**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, 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 requested treatment, the medical necessity is not established. According to the official disability guidelines for psychotherapy, 13-20 visits over a 7 to 20 week period of individual sessions can be offered for most patients if progress is being made. In this case, the patient has reportedly been authorized for 45 sessions to date. The request for 20 additional sessions exceeds the recommended maximum quantity, per the guidelines. The documentation provided was insufficient with respect to the patient's prior treatment, and progress in terms of objective functional improvements being made. The mechanism of injury was not reported and how it (or the impact of it) has resulted in psychological symptomology not stated. There was no active treatment plan provided listing stated goals with estimated dates of accomplishment for the treatment. Treatment methodology was not provided. Therefore, this request is not medically necessary.