

<b>Case Number:</b>	CM14-0203310		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/22/2010
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 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 51-year-old male had a work-related injury that occurred on March 22, 2010. The injury reportedly occurred while he was employed by [REDACTED] when he was lifting and walking with a heavy irrigation pipe and step on uneven ground and fell forward dropping the pipe and then landing on it face forward. According to APR-2 progress note from the patient's treating psychologist he has been diagnosed with Major Depressive Disorder, Single Episode, Mild; Generalized Anxiety Disorder; Male Hypoactive Sexual Desire Disorder Due To Chronic Pain. He reports ongoing pain in his left shoulder, neck, headache, low back pain, and pain in his legs, knees, right ankle, and foot. He reports having difficulty controlling his emotions and impulses with difficulties with sleep, communicating and making decisions and reports feeling sad tired irritable and fearful as well as nervous anxious and depressed and restless. Prior psychological treatment progress notes were submitted for consideration from November and December 2013 and do not reflect the total quantity of sessions that have been provided nor do they discuss patient benefit from treatment received in terms of objective functional improvements. It appears likely, but is not entirely clear, that the patient has received group therapy for at a very minimum of 4 months in 2013, there is no indication of what if any psychological prior to August 2013. There is also a progress note from March 2014 from the primary treating Psychologist that is nearly identical to the 2013 notes already mentioned.. A psychiatry QME March 17, 2014 report he states that the patient is suffering from cognitive problems that he has to concentrate very hard just to get the title of the movie and can't really follow television shows or movies and that quote nothing sinks in when I'm trying to read" he describes chronic regular headaches that are so severe he has to put ice on his head. He has been prescribed Wellbutrin 150 mg and trazodone 50 mg. He says that he was asked to come in for psychological treatment weekly but that he could not attend that frequently

and comes in once a month and finds that the psychological treatment is not beneficial. The QME report concludes that his psychological treatment has been inefficient, and made worse by the fact that he is not seeing a [REDACTED]-speaking therapist. He was diagnosed with the following: adjustment disorder, chronic with mixed features of anxiety and dysphoria as well as secondary symptoms of sleep disruption and sexual dysfunction. A request was made for 25 additional sessions of group medical psychotherapy to be held one time a week for 6 months. The request was 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:

**Group medical psychotherapy, once a week for 6 months Qty: 25.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy; Psychological treatment Page(s):. 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 medical necessity for 25 additional sessions of group medical psychotherapy, the documentation provided for consideration for this IMR does not establish the medical necessity of the requested treatment. According to the above stated guidelines, additional and continued psychological care is contingent upon patient symptomology, duration of treatment/quantity of sessions falling within the above stated

guidelines, and documentation of objective functional improvements derived from prior treatment. The patient himself described the psychological treatment as "useless." No information was provided regarding prior treatment outcome and objective functional improvements that were derived from it. There was no comprehensive treatment plan provided with stated goals and anticipated dates of completion. It's unclear how many sessions the patient has already received and whether additional 25 sessions would fall within the above stated guidelines. Medical necessity has not been established for this request.

**Group medical psychotherapy twice a month for 6 months QTY: 12.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 behavioral interventions, cognitive behavioral therapy; Psychological treatment Page(s):. 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:** With regards to the medical necessity for 12 additional sessions of group medical psychotherapy, the documentation provided for consideration for this IMR do not establish the medical necessity of the requested treatment. According to the above stated guidelines, additional and continued psychological care is contingent upon patient symptomology, duration of treatment/quantity of sessions falling within the above stated guidelines, and documentation of objective functional improvements derived from prior treatment. The patient himself described the treatment as not beneficial. No information was provided regarding prior treatment outcome and objective functional improvements that were derived from it. There was no comprehensive treatment plan provided with stated goals and anticipated dates of completion. It's unclear how many sessions the patient has already received and whether additional 12 sessions would fall within the above stated guidelines. Medical necessity has not been established for this request.