

<b>Case Number:</b>	CM14-0203338		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	08/01/2008
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/07/2014
<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 licensed 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 provided records, this patient is a 43 year old female who reported a work-related continuous trauma injury that occurred between August 1, 2008 and November 11, 2011 during the course of her employment for [REDACTED]. The injury is described as repetitive trauma in her ankle and low back related to prolonged standing and walking as well as being hit in her foot by racks and rollers that contained merchandise as well as frequent and awkward twisting resulting in painful symptoms. She continued to work for approximately 11 months until she could no longer. Her last day of work was November 11, 2011. In 2013 she reported symptoms of depression and anxiety and began seeing a therapist one time a week for 3 months. There was no indication of the results of that treatment in terms of patient benefit or increased functional capacity. She experienced an anxiety attack August 26, 2013 after a therapy session that included loss of ability to move her legs arms and experience of being paralyzed. Psychologically, she has been diagnosed with Major Depressive Disorder, Single Episode, Moderate; and Psychological Factors Affecting General Medical Condition. An alternative diagnosis was provided of Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic. According to a handwritten PR-2 progress note from the patient's treating Psychologist (October 20, 2014) the patient is "still depressed and complains of anxiety attacks and sleeping 3-4 hours and wakes up with difficulty to fall asleep again after. Progress is very slow as she (illegible) in intense pain." There is no indication of the total quantity of sessions provided and no discussion of objective functional improvements/benefit received from treatment. No comprehensive treatment plan including stated goals and anticipated dates of accomplishment was provided. A prior progress note from August 12, 2014 also handwritten and only partially legible, discusses depression and social isolation with feelings of helplessness. She rates her depression as a 9/10 as of July 24, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve individual psychotherapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Anti-depressants and Cognitive therapy for depression

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2, Behavioral interventions, Psychological treatment, and Cognitive behavioral therapy Page. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, Cognitive behavioral therapy, Psychotherapy guidelines

**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 request for 12 additional sessions of individual psychotherapy, the medical necessity of the request was not established due to insufficient documentation. The patient received 3 months of psychological treatment in 2011, no treatment progress notes or summaries were provided with regards to the impact of this treatment and whether it was beneficial to the patient or not. It appears that the patient has returned to treatment in 2014, or continued to participate in the ongoing treatment in 2014. It is not clear if there was any additional treatment between 2011 and 2014. The duration and quantity of sessions of the current treatment episode is unclear. Two progress notes were found from the primary treating psychologist, one from August 2014 and another in October 2014, it is unclear how many sessions she had during this time. There was no discussion of objective functional improvements or patient benefit derived from the sessions that was reported in these progress notes. The clinical information provided in the progress notes was insufficient and consisted of a few marginally legible sentences. Continued psychological treatment is contingent upon

documented significant patient symptomology, patient benefit derived from prior treatment sessions, and the duration/quantity of sessions provided falling within the recommended guidelines. The current ODG guidelines suggest 13-20 sessions maximum for most patients is sufficient but in some cases of severe major depression/PTSD additional sessions can be provided if progress is being made. With regards to this case there is no indication of benefit/progress being made and it is unclear how many sessions she has received. There was no treatment summary or detailed discussion of the patient's treatment that was provided, nor were any specific treatment goals delineated with anticipated dates of accomplishment based on prior sessions or for the requested future 12 sessions. Because of insufficient documentation, the medical necessity of the request was not established, and the request is not medically necessary