

<b>Case Number:</b>	CM14-0214466		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 21-year-old male, who sustained an industrial injury on 08-22-2014. On provider visit dated 11-24-2014 the injured worker has reported reinjured lumbar spine last week and was noted to have anxiety. On examination of the positive tenderness to palpation, right SI joint and upper left upper back. The diagnoses have included anxiety and post-traumatic stress disorder and headache. Treatment to date has included medication. The injured worker work status was noted as return to modified work. The provider requested psychotherapy sessions times.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy sessions times eight:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment- Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic:  
Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 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 measurable/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) allow 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. A request was made 8 psychological and modified by utilization review to allow for 6 sessions, this IMR will address a request to overturn the utilization review decision and allow for all 8 sessions. According to a psychological evaluation from November 2014, the patient has been diagnosed with depressive disorder not otherwise specified and anxiety disorder not otherwise specified with posttraumatic features. A recommendation was made for 6 to 8 sessions of psychological treatment. All the provided medical records that consisted of approximately 86 pages were carefully considered for this IMR. There were no psychological treatment records provided for this patient specific to his psychological treatment for this industrial injury. There was indication that the patient has been receiving psychiatric treatment, however note treatment progress notes regarding his psychiatric treatment were found either. He could not be determined whether or not this is a request for an initial start of a new course of psychological treatment or to continue an ongoing psychological course of treatment. If this patient has not received any psychological treatment so far to date and the request is excessive as both the MTUS and the official disability guidelines recommend an initial brief course of psychological treatment consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions (ODG) and this request is for 8 sessions nearly double the MTUS guidelines and slightly exceeding by 2 sessions the ODG. If this request is for additional sessions than there was no documentation of the prior treatment in terms of session, quantity and evidence of patient benefit or objectively measured functional improvement. Thus, due to insufficient documentation, the medical necessity the request is not established and therefore the utilization review decision for non-certification is upheld on that basis. This request is not medically necessary.