

<b>Case Number:</b>	CM14-0063866		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/29/1999
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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. 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 55-year-old, female who sustained a work related injury on 6/29/99. The diagnosis has included anxiety. The treatment has included psychotherapy sessions. In the Psychotherapy Treatment Note dated 1/28/14, the injured worker is off all opiates. She complains of right knee pain. She is expressing wish to revisit a traumatic day in childhood. The physician expresses that in "the absence of appropriate support, she can rapidly become quite anxious." The treatment plan is a request to continue psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of Psychotherapy:** Upheld

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

**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 Page(s): 101-102;23-24. Decision based on Non-MTUS Citation 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 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. A request was made for 6 sessions of psychotherapy, the request was non-certified by utilization review. This IMR will address a request to overturn that decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. In this case, the medical necessity of the requested 6 psychotherapy sessions could not be established by the provided documentation. It is unclear how much prior treatment the patient has already received to date. Patient appears to have been involved psychological/psychiatric treatment for an extended, but unknown, duration. Continued psychological treatment is contingent upon the request conforming with MTUS/official disability guidelines. These guidelines state that for most patients a typical course of psychological treatment should consist of 13 to 20 sessions (official disability guidelines mental illness and stress chapter) there is an acknowledgment that for some patients with severe major depression/PTSD additional sessions up to 50 maximum can be provided with significant documentation of objectively measured functional improvement. Because the total quantity of prior treatment sessions is unknown and was not stated in the request for an IMR, it could not be established whether this request would exceed guidelines are not based on the duration estimated of her treatment lasting several years it appears very likely that it would. Because the request exceeds treatment guidelines, the medical necessity the request was not established. Therefore, the request is not medically necessary.