

<b>Case Number:</b>	CM15-0004413		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	12/06/2005
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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:

This 66 year old female was injured 12/6/05 in an industrial accident involving her pulmonary system after being exposed to solvents. She experiences symptoms of pulmonary disease and is easily fatigued. She is limited in her functional capacity and activities of daily living. In addition she has developed anxiety, depression and panic attacks that are induced by her physical symptoms of dyspnea, shortness of breath. She has sleep difficulties as well. Her medications are Abilify, Sertaline, Lunesta and alprazolam. She is diagnosed with major depressive disorder, severe; anxiety disorder; obstructive sleep apnea and psychological factors affecting physical condition. She is treated monthly with outpatient psychiatric treatment and is having favorable response to treatment. After being unable to get a refill on her alprazolam and Lunesta due lack of authorization, her favorable response to her monthly psychiatric visits were altered. Her treating provider requested an additional 6 psychotherapy sessions. On 12/23/14 Utilization Review non-certified the request for additional 6 sessions of Psychotherapy citing MTUS: Chronic Pain Medical Treatment Guidelines and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 6 sessions of Psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological treatment; see also cognitive behavioral therapy. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines

**Decision rationale:** Citation: 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) 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. Decision: Continued psychological treatment is contingent upon detailed documentation of the following factors: significant patient psychological symptomology, patient benefit from prior treatments including objectively measured functional improvement, and that the total quantity/duration of treatment provided conforms to the above stated guidelines. According to the official disability guidelines, patients who are exhibiting severe psychological symptomology such as major depression severe intensity or PTSD are eligible up to a maximum of 50 sessions if progress is being made. According to the provided medical records, the patient has received at a very minimum hundred and 22 sessions over at least a four-year period. Although there continues to be evidence of significant patient psychological symptomology, and as well as evidence of patient benefit from treatment, the patient has exceeded the maximum recommended guidelines by a considerable degree for treatment duration and quantity. Because the request for additional sessions exceeds the quantity recommended maximum guidelines the medical necessity of the request is considered to be not established. Because of this reason the request to overturn the utilization review determination for non-certification is not be approved.