

<b>Case Number:</b>	CM15-0007202		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	01/04/2003
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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:

The injured worker (IW) is a 62 year old female, who sustained an industrial injury on January 4, 2003. She has reported whole body pain, sleep disturbances and suicidal ideations and was diagnosed with Right knee medial meniscus tear, displacement of lumbar intervertebral disc, Raynaud's syndrome, pain disorder, major depressive disorder, sleep disorder, fibromyalgia, cervical spondylosis, bilateral carpal tunnel syndrome and suicidal ideations. Treatment to date has included radiographic imaging, diagnostic studies, right knee arthroscopy, aqua therapy, physical therapy, psychological evaluation, psychotherapy, pain medications and anti-psychotics. Currently, the Injured Worker complains of whole body pain, continued psychological problems and noted stress. The Injured Worker reported an industrial injury in 2003. Since the injury she has continued to have complaints of whole body pain and psychological abnormalities. In 2010 she developed suicidal ideations secondary to pain. She underwent psychological evaluation and psychotherapy. She continued to experience severe whole body pain and underwent a right knee arthroscopy in 2010. She underwent physical therapy with some noted improvement however continued to experience severe pain shortly after. On December 13, 2011, she required a crisis intervention for severe depression and suicidal ideation. On July 3, 2012, the severe pain continued. Aqua therapy and medications were continued. Evaluation on February 20, 2013 revealed the physician believed the Injured Worker would need some sort of in home care but would not require 24 hour in home care. She was not noted to be suicidal at this time. On July 23, 2013, the pain continued. It was noted she had received injections in her hands for pain. The depression also continued. In October, 2013,

she reported being unable to perform activities of daily living and complained of continued pain and depression with suicidal plans. On June 18, 2014, evaluation revealed a grim prognosis with complaints of continued pain and major depression. She continued to have complaints of whole body pain, depression and suicidal ideation. On December 23, 2014, Utilization Review non-certified requests for 24 individual therapy sessions and 12 weekly group therapy sessions, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 13, 2015, the injured worker submitted an application for IMR for review of requested 24 individual therapy sessions and 12 weekly group therapy sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **24 individual therapy sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines. See al. Decision based on Non-MTUS Citation Mental illness and stress chapter, cognitive behavioral therapy, psychotherapy guidelines, December 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 recommend 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. With regards to the request for 24 additional sessions of psychotherapy, the medical necessity of the request was not established by the documentation provided. Continued psychological care is contingent upon 3 factors: evidence of significant patient psychological symptomology, documentation of patient benefit including objectively measured functional improvements, as well as the total quantity and duration of prior psychological treatments adhering to the stated official disability guidelines or the MTUS. The patient has

received an unknown quantity of individual therapy sessions to date. According to the MTUS the maximum quantity of sessions for patients is 6-10 sessions. According to the official disability treatment guidelines, the recommended duration for psychological treatment is 13-20 sessions maximum if progress is being made and in cases of very severe major depression or PTSD additional sessions up to a maximum of 50 can be offered. In this case the total quantity of sessions that the patient has received was not clearly stated by the requesting provider. However, treatment progress notes are noted to date back to March 29, 2010 from her primary treating psychologist. It is not clear when her treatment started but based on this it appears that she has participated in many years of psychological care. Because the request for an additional 24 sessions appears to greatly exceed the recommended guidelines for even the most severe cases of major depression, additional sessions are not indicated based on this aspect. Because medical necessity is not established due to presumed exceeding of quantity and duration of treatment the utilization review determination for non-certification is upheld.

**12 weekly group therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness & stress, group therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: group therapy.

**Decision rationale:** According to the official disability guidelines, group therapy recommended as an option. Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients, while group treatment should be considered for patients with PTSD. With regards to the request for 12 additional weekly group therapy sessions, the medical necessity of the request was not established by the documentation provided. Continued psychological care is contingent upon 3 factors: evidence of significant patient psychological symptomology, documentation of patient benefit including objectively measured functional improvements, as well as the total quantity and duration of prior psychological treatments adhering to the stated official disability guidelines or the MTUS. The patient has received an unknown quantity of individual therapy sessions to date. According to the MTUS the maximum quantity of sessions for patients is 6-10 sessions. According to the official disability treatment guidelines, the recommended duration for psychological treatment is 13-20 sessions maximum if progress is being made and in cases of very severe major depression or PTSD additional sessions up to a maximum of 50 can be offered. In this case the total quantity of sessions that the patient has received was not clearly stated by the requesting provider. However, treatment progress notes are noted to date back to March 29, 2010 from her primary treating psychologist. It is not clear when her treatment started but based on this it appears that she has participated in many years of psychological care. Because the request for an additional 12 sessions appears to exceed the recommended guidelines for even the most severe cases of major depression, additional sessions are not indicated based on this aspect. Because medical necessity is not established due to presumed exceeding of quantity and duration of treatment the utilization review determination for non-certification is upheld.

