

<b>Case Number:</b>	CM15-0103975		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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 is 55-year-old male, who sustained an industrial injury on 5/26/10. He reported post-traumatic stress disorder, anxiety and depression related to cumulative stress. The injured worker was diagnosed as having adjustment disorder, anxiety and depression. Treatment to date has included psychotherapy sessions, a Beck Depression Inventory on 4/5/11 with a score of 2 and an Impact of Events Scale on 4/5/11 with a score of 7. As of the PR2 dated 7/29/14, the injured worker reports depressed mood, anxiety and difficulty in relationships. This is the most recent progress note in the case file for review. The treating physician requested psychotherapy x 18 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy Sessions QTY: 18: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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

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. Decision: A request was made for psychotherapy sessions quantity 18; The request was non-certified by utilization review with the following provided rationale: "the lack of the recent note documenting the injured workers present condition, results of previous treatment, and the need for further treatment, make it not possible to determine the medical necessity of the requested treatment. " 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 including objectively measured functional improvements. The patient has received an unknown quantity of treatment sessions provided to him. The patient has been participating in psychological treatment for what appears to be a significant but unspecified length of time. Either psychological treatment records appear to begin in 2010 or 11 this also could not be definitively confirmed based on the limited provided documents. He is also received intensive treatment At [REDACTED] Center. The patient himself has expressed some anxiety regarding discontinuation of psychological treatment and felt that an additional 6 sessions would be needed. This request is for 18 sessions and very likely, although this could not be established definitively, exceeds the maximum treatment guidelines for the most severe cases of psychological symptoms. Now the patient reports having made good progress in his psychological treatment. In essence, virtually no psychological treatment progress notes from the patient's psychological treatment were provided for consideration for this IMR other than a very brief note. Because the request for 18 sessions is considered and appears to be excessive, given prior treatment already received, the request is non-certified on that account and therefore the utilization review determination is not medically necessary.