

<b>Case Number:</b>	CM15-0108850		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	04/30/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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 a 40-year-old male, who sustained an industrial injury on April 30, 2011. He reported chronic persistent pain, depression, post-traumatic stress disorder, helplessness, hopelessness, irritability, crying spells, lack of sexual desire, thoughts of death, self-criticism and pessimism after falling from the sixth story to the fifth story suffering extensive orthopedic injuries. The injured worker was diagnosed as having major depressive disorder, post-traumatic stress disorder, insomnia, mental disorder secondary to head trauma and status post orthopedic injury, headaches, status post head injury and gastric disturbances. Treatment to date has included medical management, psychological evaluation, medications, conservative care and work restrictions. Currently, the injured worker complains of continued chronic persistent pain, depression, post-traumatic stress disorder, helplessness, hopelessness, irritability, crying spells, lack of sexual desire, thoughts of death, self-criticism and pessimism. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain or associated symptoms. Evaluation on February 5, 2015, revealed continued emotional and psychological abnormalities as noted. Cognitive behavioral therapy was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral group psychotherapy 1 time a week for 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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. A request was made for cognitive behavioral group psychotherapy one time weekly for 6 weeks; the request was modified by utilization review to allow for the authorization of 4 sessions with the following rationale provided: "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. According to a treatment progress note January 26, 2015 the patient is reporting psychological symptoms of frustration, irritability, discouragement and hopelessness with thoughts of death but denied suicidal ideation, intention, or plan. However the same report has much conflicting information as it also states that the patient is "in need of mental health services immediately as he is at high risk for suicide and having wishes of being dead as well as chronic pain and symptoms of depression" A list of 6 treatment goals was provided although there is no estimated dates of accomplishment. Under the category of treatment progress it is noted that "patient reports mood is currently stable. " This statement is also conflicting with the rest of the treatment progress note. Treatment plan includes cognitive behavioral group psychotherapy and relaxation training/hypnotherapy with crisis intervention to address the patient's "death thoughts. "A very similar treatment progress note from March 9, 2015 was also included for consideration and listed most of the same treatment goals with no specific plan or dates of estimated accomplishment nor is there any discussion of objectively measured functional improvements as

a result of prior treatment. There is a notation under progress in the March 9, 2015 note that "patient has made some progress towards current treatment goals as evidenced by patient reports of improved mood, ability to cope with stressors, and problem-solving skills with treatment." A nearly identical treatment progress note from April 20, 2015 was also found. The medical necessity of this request for additional psychological treatment is not established by the provided documentation for the following reasons: there is no clear indication of how much treatment the patient has received to date, there is no clear indication of objectively measured functional improvements as a result of the patient's psychological treatment. The treatment progress notes appear to just repeat themselves from month-to-month without really any indication of changes are significant improvement as a result of psychological treatment. Because the medical necessity the request is not established by the provided documentation the utilization review determination is upheld. This is not to say that the patient does not require additional psychological treatment only that the medical necessity the request was not established by the provided documentation for the above-mentioned reasons and is not medically necessary.