

<b>Case Number:</b>	CM15-0164409		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 34 year old female who sustained a work related injury October 1, 2012. Starting February 26, 2012, she developed distress anxiety, and difficulty sleeping due to her perceptions of hostility in the work place. These symptoms progressed to include a panic attack and when transported to the emergency department was diagnosed with an anxiety disorder. According to a psychologist report, dated July 13, 2015, the injured worker completed psychological testing and an initial 10 sessions of behavioral psychotherapy. He reports she has also underwent 36 sessions in 2014 and an additional 5 session in 2015, the most recent February 27, 2015. The injured worker presents with irritability and easily angered around others, anxiety and depression and sleep disturbance. She is having tearfulness several times a week with lowered self-esteem, libido, and decreased ability to concentrate. Diagnosis is documented as pain disorder associated with both psychological factors and a general medical condition; depression. Treatment plan included additional therapy sessions which are goal oriented for the injured worker to have an improved outlook and make peace with past experiences in the workplace including; assessing and enumerating the positive features of her life, past accomplishments, talents and skills, and vision of the future. At issue, is the request for authorization for individual psychotherapy weekly times 20 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Individual psychotherapy weekly times 20 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, Mental Health & Stress Chapter, Cognitive therapy for PTSD.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, and Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (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. The request was made for 20 individual psychotherapy sessions, the request was modified by utilization review to allow for 10 sessions with the following provided rationale: "Given (patient's name) symptomology, diagnosis, and improvement with therapy, the request for 20 sessions of individual psychotherapy once a week will be modified to 10 sessions once a week. The need for additional sessions will depend on the patient's ongoing response to treatment and continuing need for formal treatment versus progression towards independence." This IMR will address a request to overturn the utilization review decision. It is noted in the utilization review discussion, that the patient has received 36 sessions of psychotherapy in 2004 and 5 sessions in 2015 with the most recent being on February 27, 2015. Thus the patient has received already to date 41 or more treatment sessions. The official disability guidelines recommend a psychological course of treatment for most patients consisting of 13 to 20 sessions maximum. An exception is allowed to be made in cases of very severe Major Depressive Disorder or PTSD. The exception allows up to 50 sessions. This request for 20 additional sessions would bring the total to 61 visits. In addition, there is a need for ongoing assessment of medical necessity after some treatment has occurred. In this case the request for 20 sessions would be the equivalent of 5 months of treatment if

sessions are held once per week. 5 months of treatment does not allow for the ongoing process of determining medical necessity. For these reasons the request is not medically necessary or established and utilization review decision for modification to allow 10 sessions is upheld.