

<b>Case Number:</b>	CM15-0165213		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	08/14/2003
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 59 year old male, who sustained an industrial injury on 8-14-2003, resulting from cumulative trauma. The injured worker was diagnosed as having unspecified deformity of ankle and foot, acquired, generalized anxiety disorder, major depressive disorder, recurrent, moderate, and rule out bipolar spectrum disorder ("seems unlikely, but this diagnosis was suggested to him in the past"). Treatment to date has included diagnostics, physical therapy, mental health sessions (at least 31 sessions to 7-16-2015), and medications. Currently, the injured worker reports doing better in accepting what he can't change and taking more effective action. He tended to engage in unproductive rumination and worry, increasing his anxiety, distress, and hopelessness. Assessment noted minimal depression and moderate anxiety. PHQ-9 (Patient Health Questionnaire) score was 5, documented as significantly lower than previous assessments. Psychotropic medications included Lamictal, Bupropion, Buspirone, Seroquel, and Clonazepam. Work status was not noted. The treatment plan included 12 sessions of outpatient mental health treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of outpatient mental health treatments (biweekly): Upheld**

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

**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 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. Decision: A request was made for 12 sessions of outpatient mental health treatments (biweekly). The request was non-certified by utilization review with the following provided rationale: "A review of the medical records finds that this patient has received at least 30 sessions as of the report dated June 18, 2015. No specific changes or need for additional therapy over that recommended by guidelines is identified. Therefore, based on the number of sessions received and the guidelines consulted, additional therapy is not indicated." This IMR will address a request to overturn the utilization review 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. According to the psychotherapy progress notes provided for this IMR, the patient attended his 31st session on July 16, 2015. With an additional one or 2 sessions still available under the authorization of 12. The patient has been receiving psychiatric treatment as well and has been having frequent psychological testing to measure progress. According to a letter from the treating provider from September 9, 2015, it is noted that

the patient continues to have symptoms of Major Depressive Disorder, recurrent, moderate as well as Generalized Anxiety Disorder. The symptoms affect him in a clinically significant way. Furthermore, it is noted that the patient has derive benefit from treatment with improved mood and reduction in both depression and anxiety as well as increasing health maintenance behaviors. In this case, the patient has been afforded a course of psychological treatment longer than the guidelines recommendation. The Official Disability Guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions maximum for most patients with this patient's diagnosis. Although, an allowance is made in some cases of the most severe psychiatric and/or psychological symptomology (very severe Major depressive disorder or PTSD) up to a maximum of 50 with objective measured improvement, this does not appear to apply in this case as the level of symptomology intensity is not reflect that level of severity or treatment complexity. Because the request exceeds the recommended guidelines of additional treatment is not supported on an industrial basis and the utilization review decision is upheld. The request is not medically necessary.