

<b>Case Number:</b>	CM15-0180270		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 4-07-2014 when he witnessed a gunfight between police and a gunman. The injured worker is being treated for pain disorder associated with psych factors and post traumatic stress disorder (PTSD). Treatment to date has included psychological treatment, work modifications and medications. Per the handwritten Primary Treating Physician's Progress Report dated 7-21-2015 the injured worker reported being still depressed and anxious. The treatment is helpful in keeping him from going off work. He is still having flashbacks and still avoids the area where it happened. He reports continued shoulder pain but better. Objective findings are not documented on this date. Per the medical records dated 3-12-2015 to 7-21-2015, although the injured worker reports that the treatment is helpful, there is no documentation of objective improvement in symptoms or an increase in activities of daily living or functional status with the prescribed treatment. Work status was modified. The plan of care on 7-21-2015 included, and authorization was requested on 7-28-2015, for 12 sessions (1x per week) of individual psychotherapy. On 8-11-2015, Utilization Review non-certified the request for 12 sessions of individual psychotherapy citing lack of documented functional improvement with prior therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy, quantity: 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 update.

**Decision rationale:** Decision: A request was made for individual psychotherapy, quantity 12 sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "The patient does not appear to be a candidate for 12 additional sessions of psychotherapy. Guidelines generally recommend up to 20 visits for posttraumatic stress disorder, and 20 psychotherapy visits have been recommended certified for this patient since August 2014. As 20 visits exceeds guidelines recommendations, additional psychotherapy would not fall within guideline recommendations and it is not indicated. Moreover appearing progress reports from March 12, 2015 and July 12, 2015 there was no apparent objective evidence of functional improvement since the most recent certification of eight psychotherapy sessions in March 2013. As or does not appear to be evidence of functional improvement with the most recent course of psychotherapy, for the psychotherapy does not seem appropriate for the patient..." 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 industrial guidelines for psychological treatment it appears that the patient has received an adequate course of psychological treatment consisting of at least 28 sessions of individual psychotherapy. The provided prior psychological treatment was noted to have been helpful and teaching him techniques of mindfulness that he was able to then utilize prior to starting his workday. The industrial guidelines recommend a typical course of psychological treatment to consist of 13 to 20 sessions for most patients. Patient has already received eight sessions over the maximum recommended course of psychological treatment for most patients. An exception is made in cases of the most severe PTSD, to allow for an extended course of psychological treatment, however this does not appear to apply to this patient at this juncture. According to a May 10, 2015 report, the patient is diagnosed with Depressive Disorder. The prior diagnosis of PTSD is reported to have by and large although not entirely resolved in the narrative that was provided. The diagnosis of PTSD is not included in the list of active clinical diagnoses. Although the patient appears to be continuing to report mild symptoms of depression and anxiety, appears to have also benefited from psychological treatments been provided. Medical necessity requirements for 12 additional psychological treatment do not appear to be met in a manner that would substantiate overturning the utilization review decision for non-certification. The AME report of May 10, 2015 does recommended "six months of weekly individual 45 to 50 minutes psychotherapy sessions tapering off to once per month for an additional six months and reconsideration of psychotropic medications. Under doctor's care the patient should stop taking these medications as they appear to be causing more harm than good."

It appears at this juncture that the active phase of the psychological treatment (six months of weekly individual therapy) has concluded, and while a tapering of treatment once per month might be indicated, this request for 12 sessions would exceed that tapering process and therefore is found to be excessive in quantity. Furthermore, the provided medical records were insufficient and documenting medical necessity. Although agreed medical evaluations were found, virtually no information was provided regarding the patient's psychological treatment. One or two individual treatment progress notes that were handwritten and barely legible were included for consideration. There were no detailed descriptions of the patient's treatment, there was no objectively measured functional indices of improvement, there was very little information provided regarding what transpired during the patient's treatment. Continued psychological treatment is contingent upon the establishment of medical necessity of this is achieved through reports of patient treatment progress for which there was insufficient documentation. Because medical necessity the request for further psychological treatment on an industrial basis is not established, the utilization review decision is upheld and therefore is not medically necessary.