

<b>Case Number:</b>	CM15-0181745		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 58 year old female, who sustained an industrial injury on 7-9-10. The injured worker was diagnosed as having major depression and anxiety disorder. The progress note dated 7-8-15 indicated that the injured worker does better while on medications. She reported feeling less depressed and irritable on her current medications. Treatment to date has included Trazodone, Buspar, Atarax and Prozac. As of the PR2 dated 8-10-15, the injured worker reports continued depression and anxiety. The treating physician noted the mood disorder and anxiety is associated to pain experienced and fear. The treating physician requested individual psychotherapy once per month for 10 months and a psych consult semi-monthly for 6 months. The Utilization Review dated 8-31-15, non-certified the request for individual psychotherapy once per month for 10 months and modified the request for a psych consult semi-monthly for 6 months to a psych consult x 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy once per month for 10 months:** Upheld

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

**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:** 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 co-morbid 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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. A request was made for individual psychotherapy one time per month for 10 months; the request wasn't non-certified by utilization review which provided the following rationale for its decision: "additional sessions of psychotherapy are not medically necessary as there is no description of objective functional improvement from treatment the claimant has already received. There is no indication of how many sessions the claimant has received already. This information is essential in order to establish a timeline and evaluate treatment effectiveness." 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. The provided medical records were insufficient to establish the medical necessity of the request. The provided medical records consisted of approximately 20 pages and contained only one psychiatric PR-two progress report handwritten and marginally legible. This treatment progress note was from a psychiatrist and not a psychologist. There is no psychological treatment data provided whatsoever in the medical records submitted for consideration. It is not clear how much treatment she has received, if any, and what objectively measured functional improvements may have been derived from any treatment that may have been provided. In the absence of

documentation detailing the patient's prior treatment or, at least establishing the need for psychological treatment via a copy of the initial psychological evaluation, the medical necessity the request was not established. In addition, the request is inconsistent with current industrial guidelines for psychological treatment. This request represents 10 months of treatment which exceeds recommendations for psychological treatment on an industrial basis. For these reasons the medical necessity the request is not established and utilization review decision is upheld. Therefore, the request is not medically necessary.

**Psych consult semi-monthly for 6 months: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** According to the ACOEM, chapter 15 page 398 B, Referral. Specialty referral may be necessary when patients have significant psychopathology or serious medical co- morbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. The citations regarding Office Visits also applies to this request The Official Disability Guidelines (ODG) addresses Office Visits, Evaluation and Management (E&M), stating that they are recommended to be determined as medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and returned a function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care professional is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. A request was made for a psych consultation semi-monthly x 6; the request was modified by utilization review to allow for one psychiatric consultation with the following rationale provided: "to help the claimant cope with her psychiatric symptoms with psychiatric medications." This IMR will address a request to overturn the utilization review decision. The medical necessity of this request was not established by the provided documentation. This request is for 12 sessions of psychiatric treatment. The patient's prior psychiatric treatment is not known. Only one handwritten treatment progress note was provided for consideration. It is not clear how much prior psychiatric treatment she has received. The need for twice a month psychiatric treatment is not discussed. This level of frequency of visits might be appropriate during extreme crisis or an early stage of treatment but typically patients are seen less frequently otherwise. In addition, six months of treatment is not consistent with industrial guidelines as the need to establish medical necessity is an ongoing process that needs to be reassessed during the course of treatment. For these reasons, the medical necessity is not established and utilization review decision is upheld. Therefore, the request is not medically necessary.