

<b>Case Number:</b>	CM15-0183801		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 66 year old female with an industrial injury dated 04-07-2010. A review of the medical records indicates that the injured worker is undergoing treatment for post-traumatic stress disorder, major depressive disorder, and single episode, severe without psychotic behavior and generalized anxiety disorder. In a progress report dated 07-15-2015, the injured worker reported anxiety. The injured worker is having nightmares and slept two hours the previous night. Current medications include Xanax and Zoloft. According to the progress note dated 07-21-2015, the injured worker reported anxiety at the work place and the inability to adjust to being at work since assault. The injured worker reported post-traumatic stress disorder with nightmares of being chased. The injured worker also reported the need to retire due to inability to concentrate at work since assault. Objective findings (07-21-2015) revealed less anxiety except when relating court date for re-trial of assailant. The injured worker is fearful that the assailant will pursue and harm her in the future. Treatment has included prescribed medications and periodic follow up visits. The treating physician prescribed services for individual therapy one visit every 2 weeks for 4 months. The utilization review dated 08-31-2015, non-certified the request for individual therapy one visit every 2 weeks for 4 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual therapy one visit every 2 weeks for 4 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 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) 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. Decision: A request was made for individual therapy one session every two weeks for four months, total eight sessions. The request was not certified by utilization review which provided the following rationale for its decision: "ODG posttraumatic stress disorder (PTSD) speaks an initial trial of six visits over six weeks with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks individual sessions. This case the patient was diagnosed with Posttraumatic Stress Disorder, Single Episode, Severe without Psychotic Behavior; Major Depressive Disorder, and Generalized Anxiety Disorder. According to the office visit note dated July 21, 2015 the objective findings documented that the patient appeared less anxious, except when relating court be for re-trial for the assailant. The patient has already had 13 sessions. Therefore the request for individual therapy one visit every two weeks for four months is neither medically necessary nor appropriate." 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 support medical necessity of this request. Approximately 82 pages of medical records provided. There were no detailed psychological treatment progress notes included for consideration. Additional psychotherapy treatment may be appropriate for this patient, however due to insufficient documentation of prior psychological treatment including total quantity of sessions received as well as detailed information about patient benefit from prior treatment sessions, a comprehensive psychological treatment plan, a copy of the initial psychological evaluation, etc. the request to overturn the utilization review decision is not supported. The utilization review decision sessions at the patient has received 13 sessions and that an additional eight is not supported. The official disability guidelines allow for 13 to 20 visits maximum for most patients. In addition, an exception for an extended course of psychological treatment can be made in cases of severe Major depressive disorder or PTSD, which may apply in this case however there was no substantiating documentation to determine whether or not her PTSD is rated as severe. The exception allows for up to 50 sessions. The industrial injury appears to have occurred in 2010, it is not known how much treatment she has received since the time of injury. The medical records indicate that the patient has had a recent flareup of symptoms when learning that her assailant had his incarceration sentence reduced from life to six years. There is a notation of reduced anxiety as a result in benefit of her prior psychological treatment, however the treatment progress notes do not provide any objective evidence of this is there any detail other than one or two sentences. Documentation of functional benefit was insufficient. This appears to cause the flare-up of her psychological symptoms. The total quantity of sessions that she has received to date is needed in order to determine whether additional sessions are appropriate and medically necessary. The absence of supporting documentation the medical necessity of this request is not established and utilization review decision is upheld. Therefore, the request is not medically necessary.