

<b>Case Number:</b>	CM15-0189777		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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:

This 48 year old female sustained an industrial injury on 8-31-11. Documentation indicated that the injured worker was receiving treatment for chronic back pain, major depressive disorder, pain disorder with both psychological factors and a general medical condition. Previous treatment included lumbar fusion (3-10-15), physical therapy, chiropractic therapy, acupuncture, ongoing psychotherapy and medication management. In a PR-2 dated 7-5-15, the injured worker complained of back pain and abdominal pain. The injured worker reported that her mood had improved during this period but that she felt "depressed" yesterday without a clear cause. The physician stated that she was still able to handle home and family stressors better and did not overreact as she did previously. The physician noted that the injured worker was more actively involved in the session. The injured worker had been able to lower her stress from 2 to 5 out of 10 to 1 out of 10. In a PR-2 dated 8-31-15, the injured worker reported feeling more depressed and discouraged with recent health challenges. The injured worker stated that she felt she was not progressing medially and withdrew in her room due to low energy and motivation. The physician stated that the injured worker's mood was more depressed. The injured worker was described as drowsy but oriented with fair insight and adequate judgment. The treatment plan included increasing self-confidence, pain management, assertiveness and improve mood through self-expression and taking more active control. On 8-31-15, a request for authorization was submitted for additional psychotherapy, six sessions. On 9-15-15, Utilization Review non-certified a request for six sessions of additional psychotherapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Additional Psychotherapy 6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Psychological treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment, Behavioral interventions. 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 six additional cognitive behavioral therapy sessions, the request was non-certified by utilization review which provided the following rationale for its decision: "treatment to date (for mental health); antidepressants, psychotherapy 16 sessions to date per [REDACTED]. On August 31, 2015 the psychologist noted that "patient feels more depressed and discouraged with recent health challenges." The treatment plan was "increase self-confidence, pain management, assertiveness, and improve mood through self-expression and taking active control." The May 31, 2015 report at the exact same treatment plan, and noted "no show for May 27" no subjective complaints or objective findings were documented. "There is no evidence of improvement neither with psychotherapy; nor of a formulation or coherent treatment plan." This IMR will address a request to overturn the utilization review decision for non-certification. 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 provided medical records, the patient has been diagnosed with the following: Major Depressive Disorder, moderate; pain disorder with both psychological factors and general medical condition. Psychological treatment progress notes were provided for multiple dates of service. The treatment plan does not appear to change from session to session and there are no estimated dates of accomplishment nor is there any indication of accomplishment of prior treatment goals. Progress to reflect some patient benefit as a result of prior psychological treatment as noted for example psychological treatment progress note date of service July 3 "mood has improved during this period but yesterday she felt "depressed" without a clear cause or precipitate. Nonetheless, she was able to handle home and family stresses better and does not over-react and she did previously." There is session focused on reducing family stressors and managing chronic pain through mind-body control. Patient was able to lower her stress from 1/10 and pain from 5/10-2/10. The patient has received a nearly full course of psychological treatment, per industrial guidelines, at this juncture as noted in the utilization review determination to be at 16 sessions. Current industrial guidelines for psychological treatment on an industrial basis recommend 13 to 20 session's maximum with evidence of patient benefit. Although an exception for an extended course of psychological treatment can be offered in cases

of the most severe Major Depressive Disorder or PTSD, this would not appear to apply to this patient based on the stated diagnosis. This request for six additional sessions would exceed the recommended treatment maximum of 20 sessions. It would bring the total to an estimated 22 sessions slightly exceeding the official disability guidelines. Although the request slightly exceeds treatment guidelines by two sessions, the patient does appear to be making improvements in treatment and although she is having fluctuations in progress with some forward motion followed by regression this is not uncommon with chronic pain keep patient struggling with mental health issues. Therefore the requested six sessions are appropriate and medically reasonable, however because she has now reached the maximum recommended session quantity after the sessions are completed these sessions should be used specifically to transition her to independent functioning and bring her industrial related psychological treatment into a close. Therefore, because medical necessity is established the utilization review decision is overturned. Therefore, the requested treatment is medically necessary.