

<b>Case Number:</b>	CM15-0191569		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 48 year old female with a date of injury on 12-05-2013. The injured worker is undergoing treatment for depressive disorder, post-traumatic stress disorder and alcohol abuse. A psychological evaluation note dated 08-24-2015 documents the injured worker has chronic pain with co-morbid mood disorders. Injury occurred when a coworker put Clorox in her Coke bottle and the injured worker drank it and suffered burns to her mouth and digestive system as well as her psychological trauma. Her psychological symptoms started when the incident occurred and are worsening. She is not taking any medications at this time. She has a depressed mood, reduced interest in activities, fatigue, lowered energy, thoughts about death, sleep disturbances, weight increase-decrease, and appetite increase-decrease. She has had anxiety, panic attacks, irritability and sleep disturbances. She has pain induced emotional and behavioral symptoms that include depression, anxiety, muscular bracing and irritability. She has poor coping skill and difficulty in pain management, and anxiety with generalized autonomic hyper arousal, and suicidal ideation. She continues to work. She is on no medications. The treatment plan includes 2-4 psychotherapy visits over 2 weeks; she is likely to require a combination of psychotropic med and individual counseling treatments. Biofeed back therapy is requested, and group therapy. She has had not psychological treatment to date. On 09-11-2015 Utilization Review non-certified the request for 4 Initial Incognitive Behavioral Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **4 Initial Incognitive Behavioral Therapy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation American Psychiatric Association Practice Guidelines: Acute Stress Disorders and Posttraumatic Stress Disorder.

**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:** Citation Summary: 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. A request was made for four initial cognitive behavioral therapy sessions related to the given diagnosis of Depressive Disorder, the request was non-certified by utilization review with the following provided rationale: the claimant has a date of injury of December 5, 2013. The injury was not reviewed. Treatment history was not reviewed. Present symptom status was presented on a pre-printed checklist on which "pain induced emotional and behavioral symptoms, depression, anxiety, poor coping skills, and suicidal ideation were checked. Diagnosis were also selected from a preprinted list and included Depressive Disorder not otherwise specified, Posttraumatic stress disorder, and Alcohol Abuse there was no history, no clinical data in the treatment plan submitted. There is no indication that the individuals clinically evaluated." This IMR will address a request to overturn the UR decision. The provided medical records did include a comprehensive psychological initial evaluation from August 24, 2015, that may not have been available at the time of the decision made by utilization review. The evaluation contradicts most of the reasons provided by utilization review for non-certification and includes treatment recommendations as well as a detailed psychological profile of the

Patient symptomology. Patient appears to be reporting that she is experiencing psychological symptomology the clinically significant level, and the patient does not appear to have received psychological treatment on an industrial basis for this reported industrial injury. It does appear, however that a few initial sessions have been provided and are presumably related to this current request for four initial sessions. For this reason the request is medically necessary and utilization review decision is overturned.