

<b>Case Number:</b>	CM15-0200118		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	02/03/2004
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 53 year old female, who sustained an industrial injury on 2-3-2004. The medical records indicate that the injured worker is undergoing treatment for depression, anxiety, and pain disorder associated with a general medical condition and psychological factors. According to the progress report dated 9-1-2015, the injured worker presented with significant elevations in her levels of depression and anxiety. The mini mental status examination reveals symptoms consistent with depression and anxiety. The current medications are Venlafaxine. Treatments to date include medication management, psychotherapy, and diagnostic psychological testing. On the progress note dated 8-3-2015, her work status was described as permanent and stationary. The original utilization review (9-25-2015) partially approved a request for 4 follow-up visits with psychologist (original request was for #6).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visits with a psychologist Qty: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

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

**Decision rationale:** The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. With respect to this patient, the request for follow-up visits is not supported as being medically necessary. While the concept of follow-up visits in general medical practice are important, the distinction between a follow-up visit and a psychotherapy session is unclear. In general, material that would be discussed in a follow-up visit would consist of the same material that would constitute any psychological treatment session. The distinction between follow-up visits and psychological treatment was not made in this request, in fact no additional information with regards to the reason for follow-up visits was provided in the medical records. The request for follow-up visits is not supported as being medically necessary and therefore the original non-certification utilization review decision is upheld. A request was made for six sessions of follow visits, the request was modified by utilization review which provided the following rationale: "follow-up report dated September 10, 2015 indicates that the claimant has had a cognitive behavioral therapy with benefit and needs to six more sessions of cognitive behavioral therapy for depression symptoms. Upon examination, irritability, frustration, hopelessness and emptiness are noted to be decreased while understanding of emotional response to physical limitation has been increased. In this case, though one does not know the amount of cognitive behavioral therapy previously administered. However considering the claimant's current condition and objective evidence of functional benefit from previously attended cognitive behavioral therapy; the medical necessity of follow-up visits with the psychologist (cognitive behavioral therapy) quantity for his established to address the residual deficits. Partial certifications recommended." This IMR will address a request to overturn the utilization review modification to authorize four sessions and allow for six sessions. The medical necessity of the request was not established by the provided documentation. Also approximately 230 pages of medical records were provided that adequately details the patient's physical condition, the medical records were insufficient regarding the patient's psychological treatment. The patient has been reported to have received prior psychological treatment. However, there is no detailed information with respect to how much was provided. No psychological treatment progress notes from individual sessions were included for consideration for this IMR. There is no objective measurement of treatment outcome from prior treatment. According to the industrial guidelines cognitive behavioral therapy is indicated for chronic pain conditions. The official disability guidelines recommend a typical course of 13 to 20 sessions for most patients with an exception is made to allow for

additional sessions were in cases of very severe major depressive disorder or very severe symptoms of PTSD. In this case there was insufficient information provided regarding how many sessions the patient has received of cognitive behavioral therapy or psychotherapy. This information is needed in order to determine whether or not additional sessions are medically appropriate and necessary for this patient consistent with industrial guidelines which guide such decisions. Because the information is not provided in a clear manner that was readily found in the medical records the medical necessity of this request was not established due to insufficient documentation of prior psychological treatment and the utilization review decision to allow for four additional sessions is upheld. Therefore, the request is not medically necessary.