

<b>Case Number:</b>	CM15-0221756		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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(n) 63 year old female, who sustained an industrial injury on 2-8-13. The injured worker was diagnosed as having major depressive disorder. Subjective findings (8-20-15, 9-1-15 and 9-24-15) indicated right knee pain and sleep problems, anxiety, intrusive thought and low self-esteem. The injured worker noted moderate pain and difficulty sleeping. Objective findings (9-1-15, 9-24-15) revealed right knee flexion was 115 degrees and extension was 0 degrees, depression, and crying spells. As of the PR2 dated 10-5-15, the injured worker reports sleep problems, anxiety, intrusive thought and low self-esteem. Objective findings include depression and crying spells. Treatment to date has included right knee surgery on 6-2-15, post-operative physical therapy, psychotherapy x 12 sessions, Vicodin and Naproxen. The Utilization Review dated 10-13-15, non-certified the request for psychotherapy sessions x 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy sessions, 6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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. A request was made for six psychology sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "Her other therapies include 12 psychotherapy sessions to date." CA-MTUS guidelines recommends up to 10 visits over six weeks for additional psychotherapy sessions. There was no documentation or evidence of significant objective improvement with the prior psychotherapy sessions that would warrant the need for additional psychotherapy. Furthermore, the request of six psychotherapy sessions between October 8, 2015 and November 22, 2015 is inconsistent with the request for the authorization which state six sessions two times per month which exceeds guidelines recommendations. Medical necessity is not substantiated. 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 symptomatology 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 a treatment progress note from [REDACTED] [REDACTED] October 5, 2015, the patient has been diagnosed with Major Depressive Disorder, single episode, moderate psychotherapy is help the patient learn the breathing techniques of pain is moderate to severe. There is indications the patient is engaging and physical therapy skills and socialization has increased and that future treatment would consist of increased coping skills, maintenance of treatment gains, reduction of emotional symptoms through the utilization of cognitive techniques and psychoeducation when needed. Additional treatment progress notes were found and reviewed for this IMR that contain inconsistent information for example on August 4, 2015 there is a session treatment note indicating that the patient has received 11 psychological treatment sessions and there is another psychological treatment progress note from July 6, 2015 It also indicates 11 treatment sessions per date. Functional

improvements are listed in the same from session to session and not updated. Although when compared to session treatment number four there are some slight changes including noting that the patient is signing up for English class at a local college to begin in January. Additional treatment progress notes appear to support the notion that the patient has received approximately 12 sessions and that the repeated session number quantity is a slight mistake. There also does appear to be some functional progress based on prior treatment received. Because the patient remains psychologically symptomatic at a clinically significant level, because the total quantity of sessions does not appear to exceed the official disability guidelines for psychological treatment which specify 13 to 20 sessions for most patients with documentation of patient benefit and functional improvement, and because there is evidence of some functional improvement as a result of treatment, this request appears to be medically reasonable and appropriate and therefore the utilization review decision is overturned.