

<b>Case Number:</b>	CM15-0037354		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 41 year old female sustained an industrial injury on 5/11/12. She subsequently reports ongoing low back and left knee pain. Diagnoses include lumbar strain sprain/strain and spondylolisthesis lower lumbar spine. Treatments to date have included physical therapy and prescription pain medications. On 2/20/15, Utilization Review partially-certified a request for Psychotherapy 10 visits, over 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 10 visits, over 2 months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Behavioral Interventions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102; see also 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, cognitive behavioral therapy, psychotherapy guidelines March 2015 update.

**Decision rationale:** Citation Summary Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. 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) allow a more extended 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. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made.

Decision: According to the provided medical records, a request was made for 10 visits of psychotherapy to be held over 2 months. The patient was injured when she slipped and fell while walking in the fields caring boxes of strawberries as a farm hand and injured her left knee. She's been diagnosed with: Depressive disorder not otherwise specified which is been described as reactionary depression and anxiety brought about primarily from consequences of her industrial injury. According to a diagnostic intake report from February 10, 2015 from the patient's primary treating psychologist, she was previously evaluated on March 20, 2014 by a psychiatrist who diagnosed her with the following: Maj. Depressive disorder, single episode, severe without psychosis; generalized anxiety disorder. The recommendation was for treatment with psychotherapy and psychotropic medications. She has been seen with an interpreter as she cannot speak either [REDACTED] or [REDACTED] very well and her native language is [REDACTED]. She states that she is very depressed and has "no reason to live for" she states that she did not have a previous history of psychological problems and isn't sure exactly when her anxiety began but thinks it occurred after she was no longer able to work. Based on a review of the medical records psychological treatment appears to be medically appropriate and reasonable for this patient at this time. The issue is the quantity of sessions requested. Current treatment guidelines specifically state that in the beginning phase of a course of psychological treatment that a brief treatment trial should initially be offered. This initial treatment trial should consist of 3 to 4 sessions (MTUS) or up to 4-6 sessions (official disability guidelines). The purpose of the initial treatment trial is to determine patient's responsiveness to treatment, is also designed to properly identify patients who do not respond to treatment so that alternative treatment strategies can be provided if appropriate. Additional sessions may be authorized contingent upon patient response to the initial treatment trial with objectively measured indices of functional improvements. The request for 10 sessions was modified by utilization review to allow for 4 sessions based on this treatment protocol. The utilization review decision to offer a modification was correct. After the initial treatment is completed, with evidence of objective functional improvement and patient

benefit, additional sessions up to a maximum of 13 to 20 may be offered for most patients and in some cases of severe major depression or PTSD additional sessions up to 50 maximum can be offered with documentation of significant patient benefit. The medical records that were provided for review did not contain any documentation regarding the outcome of the initial treatment sessions. This information is needed in order to substantiate authorization of further treatment. Because this information was not clearly provided for consideration, the medical necessity of the request for 10 sessions was not established and the utilization review determination is upheld. This is not to say that the patient does not require psychological care, only that a treatment protocol based on MTUS guidelines is being requested to ensure patient responsiveness to treatment.