

<b>Case Number:</b>	CM15-0082815		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 54-year-old female, with a reported date of injury of 10/27/2011. The diagnoses include chronic post-traumatic stress disorder, panic disorder without agoraphobia, and moderate major depressive disorder. Treatments to date have included individual psychotherapy, and oral psychotropic medications. The medical report dated 02/04/2015 indicates that the immediate days following the incident, the injured worker began experiencing intense feelings of anxiety, as well as flashbacks, nightmares, and intrusive recollections of the industrial accident. She had trouble sleeping, and became frequently tearful. At the time of the evaluation, the injured worker remained physically and psychiatrically symptomatic. She admitted to having received benefit from treatment with the psychologist. The injured worker noted that there was an increase in anxiety during the sessions due to the exposure therapy. It was noted that the injured worker continued to experience significant difficulty sleeping and significant anxiety. The treating physician requested twenty individual psychotherapy sessions for ongoing care. On 04/03/2015, Utilization Review (UR) denied the request. It was noted that the submitted documentation reflected that the injured worker has had four out of six psychotherapy sessions; however, the submitted documentation does not reflect the amount/duration of any functional benefits obtained from it. It was also noted that there was no documentation of whether the injured worker had or had not attended the remaining two sessions of psychotherapy and the objective evidence of functional benefits obtained from it was not readily apparent.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy qty: 20 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

**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;23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 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) 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. 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 session including objectively measured functional improvement. Decision: According to some handwritten notations by the requesting/providing physician in response to the utilization review non-certification there is a notation stating that the patient has not been authorized or seen for psychotherapy (by the requesting therapist). According to a report titled: "request for treatment authorization" from February 4, 2015. The patient began participating in individual psychotherapy with [REDACTED] at [REDACTED] Hospital in November 2011 and was diagnosed with Post-traumatic stress disorder, She has also been diagnosed with panic disorder without agoraphobia (now in full

remission per June 20, 2013 evaluation) and insomnia type sleep disorder due to pain. She also received right shoulder surgery. She reported that as a result of prior psychological treatment she received benefit but had increased anxiety due to exposure therapy. She has been receiving psychotropic medication to treat her psychiatric symptoms. It is unclear how much psychotherapy she has already received from the requesting psychiatrist. The medical necessity of the request for 20 additional sessions of individual psychotherapy is not supported by the documentation provided for review. The request is excessive in treatment session quantity (20 sessions one time per week is the equivalent of approximately 5 months of therapy). The MTUS/official disability guidelines recommend that most cases of psychological treatment consist of 13 to 20 sessions maximum after a brief initial treatment trial consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions (official disability guidelines). In some cases additional sessions up to 50 can be allowed in cases of severe major depressive disorder/PTSD. The patient appears to have received psychological treatment from 2 different treatment providers. The total quantity of sessions that the patient has already received to date is unclear. Additional sessions are contingent upon the total quantity of sessions being requested conforming with the above stated guidelines. Additional sessions would be contingent upon knowing the exact quantity of sessions at the patient has received to date from both providers. This information was not clearly provided, and it could not be estimated or determined from the provided documents. There is some conflicting information in the medical records with regards to the current requesting treating provider, in some places it appears that the patient has received psychological treatment from the requesting provider and other places it is stated that she has not. If she is not received, any prior psychological treatment from the requesting provider then the session quantity of 20 does not follow the MTUS protocol for an brief initial treatment trial. But even a brief treatment trial would have to be contingent upon knowing the total amount of sessions/objectively measured functional outcome she received from the first treating provider. In addition, 5 months of therapy at this juncture exceeds will be reasonable and necessary. Therefore, this request does not conform to the MTUS/official disability guidelines. Because the quantity of the request is excessive and exceeds guidelines, the medical necessity is not established and therefore the utilization review determination for non-certification is upheld.