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| <b>Case Number:</b>   | CM15-0086074 |                              |            |
| <b>Date Assigned:</b> | 05/08/2015   | <b>Date of Injury:</b>       | 04/11/2000 |
| <b>Decision Date:</b> | 06/09/2015   | <b>UR Denial Date:</b>       | 03/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/05/2015 |

### 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 62 year old female who sustained an industrial injury on 04/11/2000. Past history, mechanism of injury and treatments were not provided. The injured worker was diagnosed with major depressive disorder - single episode - moderate, panic disorder without agoraphobia, psychological factors affecting medical condition and anxiety. Treatment to date includes psychotherapy sessions and Cognitive Behavioral Therapy (CBT) sessions (44 completed). According to the primary treating physician's progress report on March 31, 2015, the injured worker has completed 44 of 49 sessions demonstrating functional progress with goals and coping skills. The injured worker is showing progress in using affirmations and progressive muscle relaxation techniques. Current medications were not listed. Treatment plan consists of the current request for individual psychotherapy treatments, 1 session each week for 20 weeks (20 sessions) which was modified to 14 sessions by the Utilization Review on March 31, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy treatments, 1 session per week for 20 weeks (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: Mental Illness & Stress - Cognitive therapy for depression.

**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:** 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. A request was made for individual psychotherapy treatment one session per week for 20 weeks or the equivalent of 20 sessions, the request was non-certified by utilization review with the following provided rationale: in a report from January 31, 2015 from (patient's treating and requesting therapist) it notes the same diagnosis and indicates that she has completed 39 of 49 certified sessions and is demonstrating functional progress and anxiety and depression by means of learning adaptive coping responses and deep breathing via cognitive behavioral therapy. The medical necessity of the request for 20 additional psychotherapy sessions is not established by the provided documentation. The request exceeds MTUS/official disability guidelines. The patient has received already to date at least 39 sessions. Official disability guidelines recommend 13 to 20 sessions for most patients. An extended course of psychological treatment is recommended in certain cases of severe major depression/PTSD, up to a suggested 50 with documentation of objectively measured functional improvement and patient benefit from treatment. In this case the request for 20 additional sessions exceeds the maximum treatment guidelines recommended for the most severe cases per MTUS/ODG guidelines. For this reason the medical necessity is not supported and therefore the utilization review determination is upheld. The request is not medically necessary. 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.