

<b>Case Number:</b>	CM15-0089593		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	04/23/1999
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 54-year-old male, who sustained an industrial injury on April 23, 1999. He reported having knee problems all along and while lifting heavy cabinets he suffered a marked increase in his knee symptomatology. The injured worker was diagnosed as having major depression. Treatment to date has included MRIs, physical therapy, bilateral knee arthroscopy, chiropractic treatments, massage, and medication. Currently, the injured worker complains of feelings of helplessness and hopelessness regarding his medical condition, with left knee pain, anxiety, right arm pain, difficulty sleeping, and depression. The Psychological Consultation Report dated April 15, 2015, noted the injured worker stated he was feeling as if he was dying with nothing he can do to improve his health or to get proper medical treatment. The Psychologist noted his concern about the injured worker's level; of agitation, with concern that should his condition deteriorate any more his pain might have worn him down and irritability to the point he would become impulsive and perhaps dangerous to others. The request was made for an additional twelve sessions of psychotherapy to assist the injured worker to manage his pain and agitation so that he would not become a danger to himself or others.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve psychotherapy sessions or combination therapy and consultation: 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).

**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 12 psychotherapy sessions were combined therapy and consultation, the request was modified by utilization review to allow for 6 psychotherapy sessions. "Utilization review provided the following rationale for its decision" in this case, the patient has received psychological treatment for over a year. Records did not show any evidence of improvement in the patient's condition. Recent documentation demonstrated increased anxiety and depression due to patient's worsening condition and possibly of cancer diagnosis... Given that the patient was reported to have a temporary reduction in stress and is able to spend more of his energy going forward, continue therapy is appropriate to allow the provider additional time to manage the exacerbation, and reinforce self-management..." This IMR will address a request to overturn that decision and authorize all 12 of the request of sessions. 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. According to a provided treatment progress note from the patient's clinical psychologist from March 11, 2015 the patient reports that as a result of his treatment he feels better and is able to spend more of his energy going forward in his life rather than a backwards and that they are meeting approximately once

every 3 weeks. Given the rate of frequency of attendance, the request for 12 sessions would represent a course of psychological treatment consisting of over approximately 8 months therapy. The official disability guidelines specifically mention the need for ongoing monitoring of patient progress during the course of treatment and this would not be accomplished with authorizing 8 months of therapy. In addition and more importantly, the total quantity of sessions at the patient has been provided to date is unknown. This information is needed in order to determine whether a request for additional sessions is medically necessary per MTUS and Official Disability Guidelines. Current guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions maximum for most patients with the exception that can be made in rare cases of very severe psychopathology that does not appear to apply in this case. Given that the patient has received over one year of psychological treatment for the current industrial related injury, it appears likely that he has already exceeded the maximum quantity recommended per current guidelines. Because the request appears to exceed guideline maximum, does not contain objectively measured indices of functional improvement (although subjective functional improvement is reflected in the medical records) the medical necessity of this request was not established and therefore the utilization review is upheld. This request is not medically necessary.