

<b>Case Number:</b>	CM15-0230824		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	01/08/2016	<b>UR Denial Date:</b>	11/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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 57 year old male who sustained an industrial injury on 7-1-12. A review of the medical records indicates that the worker is undergoing treatment for depressive disorder not otherwise specified, anxiety disorder not otherwise specified, and male hypoactive sexual desire. Subjective complaints (10-22-15) include persisting pain and sleep difficulties, irritability, tired, sad, anxious, discouraged, trouble concentrating and focusing, lack energy, and worries about the future and how to support himself and family. Objective findings (10-22-15) include the worker feels sad, anxious, and pessimistic, is over-talkative, lacks concentration, is preoccupied with physical symptoms. It is noted he is in need of mental health interventions for current symptoms of anxiety and depression. It is noted the worker has made some progress towards current treatment goals demonstrated in participation with group; "he utilizes cope skills to manage symptoms." Previous treatment includes medication, physical therapy, chiropractic treatment, and psychological treatment. The treatment plans includes cognitive behavioral group psychotherapy, relaxation training-hypnotherapy, and follow up in 45 days. A request for authorization is dated 11-2-15. The requested treatment of group medical psychotherapy 1 times a week for 6 weeks (6 sessions) was non-certified on 11-11-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group Medical Psychotherapy 1xWk x 6Wks = 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, also Group 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) recommends 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. Regarding the use of the Group format (as opposed to individual one-on-one psychotherapy) the following citation summary applies: recommended as an option, Group therapy should be provided in a supportive environment in which a patient with Post Traumatic Stress Disorder (PTSD) may participate in therapy with other PTSD patients. Welcome treatment should be considered for patients with PTSD, current findings do not favor any particular & of group therapy over other types. See also PTSD psychotherapy interventions. A request was made for six sessions of group medical psychotherapy one time per week for six weeks; the request was non-certified by utilization review which provided the following rationale for its decision: "██████████ advised me that the patient has already participated in 30 sessions each of group psychotherapy and hypnotherapy. Thus worker with a 3.5 year history of injury was reported associated emotional distress for whom there is insufficient clinical data to ascertain the benefit of treatment thus far. Also, the patient's psychological treatment already for exceeds the industrial guidelines. Thus the need for additional psychological intervention on an industrial basis as per the industrial guidelines is not warranted." 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 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 including objectively measured functional improvements. The medical necessity the requested treatment is not established by the provided documentation as the patient has already exceeded the recommended maximum industrial guidelines based treatment quantity. According to the provided medical records psychological treatment has been provided it at the very minimum since at least November 4, 2014. The date that the patient started his psychological treatment is not known. Utilization review mentions that a psychologist in the requesting physician's office reports at least 30 sessions each of psychotherapy in a group format as well 30 sessions of hypnosis and relaxation therapy. Because the patient has received an ample amount of psychological treatment that is already in excess of industrial guidelines, the request further psychological treatment is not medically necessary or established on that basis. Therefore the utilization review determination for non-certification is upheld.