

<b>Case Number:</b>	CM14-0104064		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 60 year old female who sustained an industrial injury on 4/24/12 involving her neck, back, bilateral arms, wrist, right knee and leg when she was restraining an aggressive student. She was medically evaluated and diagnosed with a strain in the right wrist and knee. She was advised to use ice and to walk. She was placed on modified work and referred for physical therapy. She was sent for an MRI of the wrist and given a splint. An orthopedist diagnosed torn ligament and given an injection to her wrist. She is currently post-operative left open triangular fibrocartilage complex tear and is experiencing a significant amount of discomfort. On physical exam her range of motion of the elbow, shoulder and digits is within normal limits. Medications are Advil, Clonazepam, Lamictal, Mirapex, Zoloft, Percocet, Vistaril. Diagnoses include triangular fibrocartilage complex tear, status post left wrist arthroscopy with open triangular fibrocartilage complex repair; left shoulder impingement syndrome and calcified tendinitis, currently stable. Treatments to date include physical therapy, medications. In the progress note dated 6/4/14 the treating provider's plan of care includes a request for six psychotherapy for post-traumatic stress disorder and to facilitate her recovery from the surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy Sessions x 6: 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 and Stress (Acute and Chronic); Official Disability Guidelines: Psychotherapy Guidelines.

**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. Pages 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 psychotherapy sessions x 6, the request was non-certified by utilization review with a modification to allow for 3 additional sessions. The rationale for the modification by utilization review was stated as: "based on the intensity of treatment attended and the recommendations from [REDACTED], the request for an additional 6 psychotherapy sessions is certified with modification to complete the withdrawal of treatment. A total of 3 sessions are certified". This IMR will address a request to overturn that 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 session including objectively measured functional improvement. According to a psychological QME the patient first had a psychological evaluation on June 11, 2012 and was diagnosed with Adjustment Disorder with anxious mood. According to a treatment note from June 22, 2012 the patient was authorized for 7 treatment sessions followed by an additional 6 sessions with [REDACTED] but then transferred her treatment to [REDACTED] who requested 12 sessions on November 14, 2012 these sessions appear to have been completed by March 2013. In updated diagnostic picture it includes the following: posttraumatic stress disorder, chronic, moderate; bipolar disorder not otherwise specified (per

patient report); learning disorder not otherwise specified (patient report). As of May 13, 2015 the patient had received 44 more sessions by [REDACTED] psychologist. At this juncture, the patient has received a generous, lengthy and adequate amount of psychological treatment for her industrial related injury. Progress notes reflect that she has benefited from the sessions.

Utilization review determination allowed for a modification of 3 final sessions. The request for 6 additional sessions appears to exceed the ODG treatment guidelines for the most severe cases of psychological disorders. At this juncture additional sessions do not appear to be medically indicated based on treatment guidelines for session quantity. For this reason the request is not medically necessary or established in the utilization review determination for non-certification is upheld.