

<b>Case Number:</b>	CM14-0213555		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	07/29/1996
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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:

According to the provided medical records, this patient is a year old male who reported a work-related injury that occurred on July 29, 1996 during the course of his employment for the [REDACTED]. The issues related to the death of his son a fellow [REDACTED], and interpersonal struggles/difficulties, as well as chronic job related stress. According to a psychological evaluation from January 1, 2013 the patient reports that 3 out of 7 nights he has difficulty falling asleep and wakes up frequently. He was diagnosed with Major Depressive Disorder, in Partial Remission; Anxiety Disorder Not Otherwise Specified. A treatment progress note from July 14, 2014 from the patients primary treating psychologist states: depressive and anxious symptomology, sleep problems, feeling better with improved mood and general emotional functioning. There is good response to psychotropic medication and psychotherapy. Psychosocial functioning is improved. Sleeping is better with medication. Treatment goals are listed as: decreasing frequency and intensity of depressive and anxious symptoms improving duration and quality of sleep increasing use of coping/relaxation skills to manage feelings of nervousness and panic and developing appropriate stress management skills. There has been some progress noted to date including improved mood with treatment and improved sleep with medication. Additional treatment progress note from July 2014 individual session notes improved condition responding to medication with improved levels of social functioning and depression. A treatment plan was listed to continue psychotherapy 1 to 2 times per month to help him cope with physical condition, levels of pain, and emotional symptoms for 12 months. A handwritten treatment progress note from the patients primary treating psychologist from

October 2014 was illegible. A request was made for 24 sessions of cognitive behavioral individual psychotherapy, the request was non-certified by utilization review; this IMR will address a request to overturn that decision.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cognitive behavioral individual psychotherapy (sessions) Qty: 24.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral interventions, Cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, topic: Cognitive behavioral therapy, Psychotherapy guidelines, November 2014 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 measureable/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) allows for 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. The medical necessity of 24 sessions of individual cognitive behavioral therapy was not established by the documentation provided for this review. The request appears to exceed treatment guidelines in quantity and duration. This request is for psychotherapy for 6 months to a year. This duration of treatment does not allow for the ongoing assessment of medical necessity. In addition the total number of sessions requested 24 appears to exceed above stated treatment guidelines. The MTUS/official disability guidelines recommend 13 to 20 visits for most patients is a maximum. In some cases of very severe major depression or PTSD additional sessions up to 50 can be provided if progress is being made. It was unstated how long the patient has been participating in psychological treatment, but it seems likely that the duration and quantity of prior psychological treatment exceeds guidelines. In addition,

although treatment plans were provided there was no dated estimation of when treatment goals would be accomplished. There was no indication of when prior treatment goals were met. Because the documentation provided was insufficient to document the medical necessity of continued psychological care, the request the utilization review determination is not medically necessary.