

<b>Case Number:</b>	CM14-0213713		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	06/10/1999
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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:

This is a 70 year old female who suffered a work related injury on 06/10/1999. Diagnoses include depressive disorder, somatic symptom disorder with predominant pain-moderate and psychological factors affecting medical condition. In physician's notes dated 07/1/2014-07/31/2014 and 8/6/2014 it is documented the injured worker is depressed, anxious and afraid of her future based on her physical health. Her physical health is deteriorating which causes her great concern. Treatment is to encourage patient to increase her activity level, which would decreased her isolation. The injured worker sleeps approximately seven hours a night, but awakens unrefreshed and fatigued. She is irritable, angry, and socially withdrawn. Her self-confidence and self-esteem are diminished. She is tearful about twice a week. Libido is diminished and she has difficulty concentrating, remembering and making effective decisions. The request is for individual psychotherapy one session a week for 20 weeks. Utilization Review dated 11/26/2014 modified the request for individual psychotherapy one session per week for twenty weeks to individual psychotherapy for six sessions. Official Disability Guidelines-Mental Health Chapter-Cognitive Therapy for General Stress states "Psychotherapy may be effective in treating subclinical depression and may prevent progression to major depressive disorder (MDD) according to meta-analysis." Stress management that includes cognitive therapy has the potential to prevent depression and improve psychological and physiological symptoms. As with all therapy an initial trial may be warranted, with continuation only while results are positive. Official Disability Guidelines-Chronic Pain Chapter-Behavioral Interventions are recommended. Psychosocial variable have a potential role in delayed recovery and chronic pain.

Risk factors for delayed recovery include catastrophic thinking, fear-avoidance, and perceived injustice. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. There are no studies that delineate specific quantity and frequency of CBT sessions for chronic pain, please refer to ODG Psychotherapy Guidelines for further recommendations. ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made (the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)

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

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

**Individual psychotherapy; 1 session per week for 20 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Health Chapter-Cognitive therapy for general stress & Chronic Pain Chapter-Behavioral Interventions (CBT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines Page(s). Decision based on Non-MTUS Citation Mental illness and stress, cognitive behavioral therapy, psychotherapy guidelines

**Decision rationale:** According to the official disability guidelines, properly identified patients may have a course of psychological treatment that consists of 13-20 sessions maximum as long as progress in treatment is being made. The patient's prior psychological treatment history is unclear, it is known that she has had at least some prior psychological treatment in the period of time prior to this current request but the quantity, duration and time frame is unknown. The request for 20 treatment sessions is representative of the maximum recommended guideline for quantity. It is further noted in the official disability guidelines that the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. By authorizing the entire course of treatment at once circumvents the need for that process. Utilization review modified the request for 20 sessions to allow for a course of therapy consisting of 6 sessions. Because the patient's prior psychological treatment history is not known in terms of quantity and outcome (at any facility from the time of her injury up to the date of this request), and because the total quantity of sessions represents the maximum quantity recommended for most patients without consideration of any prior sessions that she's already had at other facilities or the current one, the medical necessity of the request is not established. Because medical necessity the request was not established, the utilization review determination is upheld.