

<b>Case Number:</b>	CM14-0215680		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	08/24/2013
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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 female patient reported a work-related injury that occurred on August 24, 2013. The mechanism of injury occurred during the course of her employment as office administrator at the [REDACTED] she was working at her computer when a man came out of the conference room with a gun and her boss. He took cash and her wedding ring and threatened to shoot them both but eventually left. Then on September 13, 2013 she was attacked in her home and struggled with the attacker as he hit her in the head with a gun. She was tied up and had her head covered and was locked in her garage for approximately 8 hours not knowing what happened to her husband or son and slowly worked herself free and ran out. She learned later that her husband was tied up in his office but the son was safe at school. She reports symptoms of fear and needs to check the house perimeter before she can go to sleep. She reportedly was not able to go home for 3 weeks after the incident until an alarm was installed and the door was repaired. She reports depression, anxiety, and frequent tension headaches with dizziness and loss of balance. She has been diagnosed with the following psychiatric disorders: Depressive disorder not otherwise specified; Posttraumatic stress disorder. According to an undated PR-2 progress report the patient is reporting flashbacks but they are improved with treatment. Also noted is that she is no longer having panic attacks during the day but still has them at night. Sleep is still problematic as hs chest pain due to anxiety. According to a reevaluation from August 12, 2014 the patient was originally seen December 3, 2013 for evaluation and assessment of treatment. As a result of treatment it is noted that she is showing decreased paranoia and hypervigilance with less frequent flashbacks and panic attacks and

according to a primary treating physician progress report PR-2 the treatment plan on November 22, 2014 was stated as: "continue treatment one time a week 8 weeks and (illegible)." A request was made for individual psychotherapy sessions one time a week for 8 weeks, the request was non-certified by the utilization review with the rationale that the patient has had 17 sessions of psychotherapy with no documentation or indication of clinically meaningful improvement.

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

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

#### **Individual Psychotherapy 1 times 8 weeks: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness & amp: stress

**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 Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 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 post-traumatic stress disorder (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) 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. With regards to this request for 8 additional sessions of individual psychotherapy, the medical records that were provided for consideration of this request established the medical necessity of treatment. According to ODG, patients who have had posttraumatic stress disorder may be allowed up to a maximum of 50 sessions if they are making progress in treatment. The treatment notes do provide sufficient documentation that the patient has been exhibiting reductions in symptoms including, paranoia, hypervigilance, panic attack, and sleep improved. The treatment notes do not appear to reflect that she would require the maximum number of treatment sessions, however, 8 additional sessions would bring

the total to 25 which is not excessive and does not exceed the Official Disability Guidelines recommendations for session quantity. It should be noted that there was no clearly documented treatment plan for the additional sessions with stated goals and expected dates of accomplishment. While normally this would be cause for non-certification of additional sessions, in this case an exception can be made with the understanding that this requirement typically necessary. The treatment plan that was provided was insufficiently stated. The utilization review rationale for non-certification was based on insufficient discussion of patient benefit. This IMR did find sufficient documentation of patient benefit in contrast to that opinion. Therefore, the medical necessity is established for an additional 8 sessions.