

<b>Case Number:</b>	CM14-0217681		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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 67 year old male, who sustained an industrial injury on 8/12/2011. He has reported injuries to the neck, upper back, stomach, lower back, bilateral lower extremities, bilateral upper extremities, head, with headaches and depression. The diagnoses have included myofascial strain, back strain/sprain, bilateral elbow tenosynovitis, epicondylitis, and carpal/capital tunnel's syndromes, chronic pain, and anxiety/depression/insomnia secondary to chronic severe pain. Treatment to date has included medications, physical therapy, and anti-depressant therapy. Currently, the Injured Worker complains of continued pain and lack of desire to socialize. Initial psychiatric evaluation from 8/12/14 documented depressed and anxious mood, flat affect, tearful and agitated, speech was low monotone, with rapid speech when agitated, and admitted suicidal ideation. Psychiatric symptoms listed included depressed mood, poor concentration, trouble sleeping, anxiety, suicidal thoughts and isolation. Diagnosis included major depressive disorder. The plan of care included continuation of Prozac and initiating cognitive behavioral therapy. On 12/17/2014 Utilization Review non-certified psychotherapy visits once a week for twenty weeks for diagnosis of depression, noting the number of previous therapy visit were not documented to determine if the guidelines for total number of allowed visits was exceeded. The MTUS Guidelines were cited. On 12/29/2014, the injured worker submitted an application for IMR for review of psychotherapy once a week for twenty weeks for diagnosis of depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 1 times 20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological treatment; see also cognitive behavioral therapy. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, February 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 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. Decision: Continued psychological treatment is contingent upon all 3 of these factors being met: continued patient significant psychological symptomology, total quantity and duration of treatment consistent with the above stated guidelines, and documentation of patient benefit from prior treatment including objective functional improvements. Regarding patient symptomology there does appear to be continued psychological symptomology at a significant level of intensity. However, with regards to this request for 20 individual sessions, the quantity of sessions being requested represents the maximum number of allowed for an entire treatment program for most patients. In addition, it is unclear how much treatment the patient is already received to date. Psychological treatment progress notes were found dating back at least 2013 but it appears that his treatment was started earlier. Without knowing the total quantity of sessions already provided is not clear whether or not this request exceeds guidelines from that perspective but as a request for treatment in general it is excessive. According to the official disability guidelines, 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. The quantity of sessions does not allow for that process given that it represents the maximum that would be allowed for most

patients. It is possible that the patient meets the criteria for an extended course of treatment up to 50 sessions if progress of objective functional improvement and patient benefit is adequately made. But because the total duration of the patient's treatment is unknown it cannot be determined whether or not he is already reached this maximum. For these reasons, the medical necessity of the request has not been established.