

<b>Case Number:</b>	CM15-0012763		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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 female, who sustained an industrial injury on 07/06/2011. On request for authorization dated 09/25/2014, and doctor's first report of occupational injury of illness dated 9/24/2014 the injured worker has reported stress due to significant increase of workload and work hours. On examination the injured worker was noted to be depressed mood, frequent crying, and nervous scratching. The diagnoses have included major depression disorder. Treatment to date has included medication. Treatment plan included prescription for medication and psychotherapy. On 12/26/2014 Utilization Review non-certified Psychotherapy. The CA MTUS, ACOEM and Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines. See al.

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. According to the utilization review decision for non-certification the patient has been participating in psychological treatment as far back as January 25, 2012 and psychiatric treatment since May 2012 with no indication of the total quantity of sessions already received. The utilization review determination for non-certification stated that: "there is no detailed discussion of the efficacy of prior treatment. Request is for EXT individual psychotherapy x6. IW has had unknown prior sessions. No documented reinjury. Based on the diagnosis and considering the very chronic and somewhat pre-existing nature of much of her complaints, and the fact that the injured worker has had very extensive similar therapy in the past without documented sustained functional improvement and without new hard clinical indications for need for continued infrequent once monthly psychotherapy, according to MTUS treatment guidelines the request is not medically necessary." The medical records that were provided for consideration were carefully reviewed. The quantity of the requested treatment was not specified in the request received for IMR but appears to be 6 months of weekly individual therapy. The patient participated in treatment with a therapist named [REDACTED] starting in May 2012 who is a psychotherapist that was working out of her psychiatrist's office and she received weekly individual psychotherapy as well as learning how to use relaxation and breathing and visual imagery techniques to decrease her anxiety. She reports benefiting a lot from the treatment greatly improved anxiety levels and that she misses her treatment sessions. She has been diagnosed with Major depressive disorder, single episode and r/o Major depressive disorder, recurrent; generalized anxiety disorder; and Polysubstance dependence in sustained full remission (non-industrial). The continuation of psychological treatment is contingent upon clear documentation of the following 3 factors: evidence of significant patient psychological symptomology, evidence of patient benefit from past treatment, and that the total quantity of sessions being requested conforms with the above stated guidelines. The official disability guidelines recommend a course of psychological treatment consisting of 13-20 sessions

maximum are most patients. An exception can be made in some rare cases of severe major depression which does not apply in this situation. The patient has received an unknown quantity of treatment but it is likely that it is already exceeded the guidelines for the maximum quantity recommended. Because the request likely exceeds the maximum quantity of sessions the medical necessity of the request is not supported. Because the medical necessity is not supported request to overturn the utilization review determination for non-certification is not approved.