

<b>Case Number:</b>	CM15-0110820		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	02/24/2003
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 65 year old female, who sustained an industrial injury on 2/24/2003. Diagnoses have included major depressive disorder and post traumatic stress disorder. Treatment to date has included psychotherapy. According to the progress report dated 4/1/2015, the injured worker was provided with a phone session. She was noted to have had significant benefit from psychotherapy, with increased daily activities and improvements in mood and affect. She reported having more anxiety and feeling fatigued and sluggish. She also reported panic-like symptoms. Authorization was requested for additional psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient additional psychotherapy five (5) sessions two (2) monthly:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, and Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation

ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

**Decision rationale:** Citation Summary: 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 measurable/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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for outpatient additional psychotherapy five (5) sessions two (2) monthly: The request was non-certified by utilization review with the following provided rationale: "the claimant was injured over twelve(12) years ago and has been treated with forty- eight (48) sessions individual psychotherapy (IPT), medications, surgeries, in-home healthcare, and weight loss program." Objective information regarding improved mood is not provided. A treatment plan including treatment goals and guidelines from which to measure progress is not provided. Most recently, the claimant participated in a phone session and reported increased anxiety and panic. "The request for four (4) additional sessions of IPT is not reasonable and necessary (RN) and does not meet current guidelines for approval at this time." This IMR will address a request to overturn the utilization review non-certification decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. According to a psychological treatment progress note from the patient's primary treating psychologist from April 1, 2015 the patient was noted to have participated in a telephone session due to a flat tire and fear of driving that the tire was not securely placed. It is noted that she has had significant benefit from psychotherapy with increased daily activities and improvements in mood and affect reported and observed on the state." Is noted that she is attending church services more regularly and reports help anxiety and experiences of nervousness. The request for five additional sessions to be held twice monthly of psychotherapy is needed to "increase feelings of self-efficacy, increased daily activities and

autonomy, increase coping mechanisms to tolerate the chaos in her home and ongoing medical condition and physical limitations." The medical necessity the requested treatment is not established by the provided documentation. According to the utilization review report, the patient has received 48 sessions of psychotherapy. The request for five additional sessions exceeds the maximum amount of treatment recommended for the most severe cases of psychological disorder per MTUS/official disability guidelines. In addition, it is unclear what is being done in the psychological treatment in terms of addressing her symptoms, the treatment plan does not contain estimated dates of expected, of treatment goals nor does it contain specific information regarding what goals have been accomplished to date as a direct result of her prior 48 sessions of psychological treatment other than several subjective reports, i.e. there is no objectively measured functional improvement indices provided. Because this request exceeds treatment guidelines maximum reserved for the most severe psychological cases (13 to 20 sessions is described as a typical maximum course of cognitive behavioral treatment for most patients) and because there is an absence of objectively measured indices of functional improvement, the request is not medically necessary and therefore the utilization review determination for non- certification is upheld.