MAXIMUS Federal Services

| Case Number: | CM15-0113457 | | |
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| Date Assigned: | 06/24/2015 | Date of Injury: | 11/18/2004 |
| Decision Date: | 07/23/2015 | UR Denial Date: | 06/11/2015 |
| Priority: | Standard | Application Received: | 06/12/2015 |

## 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 45 year old male, who sustained an industrial injury on 11/18/2004. Diagnoses have included complex regional pain syndrome (CRPS), depressive disorder, not elsewhere classified and generalized anxiety disorder. Treatment to date has included psychotherapy. According to the progress report dated 4/30/2015 - 6/2/2015, the injured worker's anger had increased as his wife had new health problems and injuries. He reported trying to stay busy and schedule pleasurable activities, but his mind quickly wandered back to his ongoing problems. Objective findings revealed that his mood was anxious, frustrated and depressed. Authorization was requested for psychotherapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, 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:** 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 "psychotherapy" the request was noncertified by utilization review which provided the following rationale: "based on these guidelines, and absent objective evidence of functional improvement following a trial of 6 sessions of psychotherapy this request will be denied." This IMR will address a request to overturn the utilization review decision for non-certification of the request. 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. The request for "psychotherapy" is unspecified with regards to treatment quantity. Without a specific quantity of treatment sessions being requested, at the IMR level which is and all-or-none decision (i.e. cannot be modified) the request is the equivalent of open-ended and unlimited treatment. The medical necessity for open-ended and unlimited treatment is not supported by the MTUS or official disability guidelines. Furthermore, it appears that the patient has been authorized and received and completed an initial brief treatment trial consisting of 6 sessions of psychological care. Although there are medical records from the patient's primary treating psychiatrist, there are no medical records that were provided for consideration with regards to this requested treatment and IMR from the patient's primary treating therapist/psychologist. Continued psychological treatment is contingent upon establishment of medical necessity by demonstrating patient benefited from prior treatment sessions including objectively measured functional improvement. Without any progress reports for treatment summaries from the patient's initial psychological treatment sessions the medical necessity of the request was not established on this basis. Therefore the utilization review determination for non-certification is not medically necessary.