

<b>Case Number:</b>	CM15-0117292		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	01/28/2009
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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 63 year old female, who sustained an industrial injury on 01-28-2009 secondary to pushing in bleachers at a school when a cable broke and the injured worker lost control resulting in low back pain. On provider visit dated 04-21-2015 the injured worker has reported sleep problems, body weakness and fatigue. On examination of the injured worker was noted to be experiencing mild depression, mild anxiety and noted not to be socially isolated or withdrawn. The diagnoses have included major depression-recurrent -moderate and somatic symptom disorder with predominating pain. Treatment to date has included medication and a psychological consultation. The provider requested Individual psychotherapy was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy, QTY: 12: 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), Mental Illness and Stress, Psychotherapy for Depression, Cognitive therapy for depression.

**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 Official Disability Guidelines (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 individual psychotherapy, quantity 12 sessions; the request was modified by utilization review to allow for 6 sessions with the remaining 6 sessions being not approved. The following rationale was provided for the utilization review decision: psychological evaluation, which demonstrates psychological function deficits (sleep problems, occasional nightmares, memory changes, mild anxiety, and mild depression) that detail a rationale to support the requested treatment to be medically necessary. As such, the medical necessity for individual psychotherapy quantity 6 is established partial certification is recommended. Objective evidence of functional benefit will be necessary to support the medical necessity of continuation therapy beyond distribution. This IMR will address a request to overturn the utilization review decision and approve all 12 visits. According to the provided medical records, the patient received prior psychological treatment based on the prior workers compensation claim in 2013 and 2014 due to back injury. There is no further details with regards to these prior treatments duration or quantity or outcome. 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 medical necessity for 12 individual psychotherapy sessions was not established by the provided documentation. The request is excessive in terms of treatment quantity. MTUS guidelines recommend an initial brief treatment trial consisting of 3 to 4 sessions with additional sessions contingent upon the establishment of medical necessity as

defined as patient benefit as a direct result of treatment including functional improvements. Similarly, the official disability guidelines suggest the initial brief treatment trial consist of 4 to 6 sessions. This request for 12 sessions exceeds the recommendation for an initial brief treatment trial and thus does not conform with either the MTUS or the official disability guidelines. The request was modified by utilization review to allow for 6 sessions. Because the request for 12 psychotherapy sessions is not medically necessary due to excessive quantity, the utilization review decision is upheld.