

<b>Case Number:</b>	CM15-0118263		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	05/12/2013
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 male, who sustained an industrial injury on 5/12/2013. The details of the initial injury and prior treatments to date were not clearly documented in the medical records submitted for this review. Diagnoses include posttraumatic left TMJ disk OMFS status post nasal septum fracture surgery 5/16/15; posttraumatic left orbit maxillar fracture, anosmia, severe OSA. Currently, he complained of increased anxiety, stress, nightmares, insomnia, appetite disturbance, memory and concentration impairment, decreased libido, social withdrawal and anhedonia. On 5/1/15, the physical examination documented report of difficulty breathing, pain in the nose, ringing in the ears, headaches, dizziness, and blurred vision. The treating diagnoses included post-traumatic stress disorder. The plan of care included twenty four (24) psychotherapy sessions between 5/1/15 and 11/22/15; and six (6) psychopharmacology management sessions between 5/1/15 and 11/22/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 individual psychotherapy sessions: 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.

**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. A request was made for 24 psychological sessions, the request was modified by utilization review with the following rationale: "the guidelines state that psychological treatment is recommended for appropriately identified patients during the treatment for chronic pain. If progress is being made, 13-20 visits over 7-20 weeks may be recommended. The provider should evaluate symptom improvement during the process. Therefore based on the patient's diagnosis and the guidelines cited, the request for 24 psychotherapy sessions is recommended certified with modification to 20 individual psychotherapy sessions over the course of 20 weeks; the remainder 4 visits are recommended number non-certified. This IMR will address a request to overturn the utilization review 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. The official disability guidelines do allow for an extended course of psychological treatment for patients with a diagnosis of PTSD and severe symptomology. In this case the request for 24 sessions is excessive. It exceeds the total

maximum quantity of treatment sessions for most patients (13 to 20 sessions). It is important for the therapist to demonstrate that the medical necessity of the treatment is still required during the process of therapy by documenting objectively measured functional improvements. Because the request exceeds the total maximum quantity recommended for most patients and does not therefore allow for the ongoing process of assessment of continued medical need the utilization review decision is upheld. The request is not medically necessary.

## **6 Psychopharmacology management sessions: 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B, Referral.

**Decision rationale:** Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. A request was made for 6 psychopharmacological management sessions; the request was non-certified by utilization review of the following provided rationale: "the recent Psyche evaluation led to the diagnosis of post-traumatic stress disorder. Review of the submitted documentation did not reveal any prescriptions regarding the patient's diagnosis. Although guidelines recommend compliance assessment and maintenance treatment regarding pharmacotherapy, there is a lack of pharmacological treatment for this patient's mental state. Therefore the request for 6 psychopharmacological management sessions is recommended non-certified. This IMR will address a request to overturn the utilization review decision. According to a comprehensive psychological treatment plan report from May 1, 2015, It was concluded that in addition to a course of psychotherapy, the patient is "in need of evaluation by a psychiatrist at this (missing words) for evaluation and treatment." The provided medical records do not contain any documentation whatsoever regarding prior psychiatric treatment. It is not known and unclear whether or not the patient has received any psychiatric treatment date for his industrial related injury. Although a comprehensive psychological evaluation was provided there was no comprehensive psychiatric initial evaluation. In the absence of a comprehensive psychiatric initial evaluation the request for 6 maintenance sessions/treatment does not appear supported by the provided documentation. Typically a psychiatrist would see a patient on a monthly basis initially often allowing less frequent

treatment sessions to occur once the patient is stabilized on a psychiatric psychotropic medication regime. Thus the request for 6 sessions would be the equivalent of approximately 6 months of treatment or longer. Because this request appears to be excessive in the duration/quantity in the absence of the treatment plan and intake report the medical necessity is not established and therefore the utilization review determination for non- certification is upheld. This is not to say that the patient does not require psychiatric treatment only that the request as submitted appears to be excessive and unsupported as medically necessary.