

<b>Case Number:</b>	CM15-0123887		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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 (IW) is a 57-year-old female who sustained an industrial injury on 07/21/2013. Diagnoses include assault by handgun, posttraumatic stress disorder and mixed disorders as reaction to stress. Treatment to date has included medications and psychotherapy, including cognitive behavioral therapy. According to the progress notes dated 4/10/15, the IW reported anxiety, nervousness, insomnia, fearfulness, sadness, fatigue and feelings of isolation. On examination, it was noted the IW was anxious and hypervigilant; she was startled by noise from the air conditioner in the office and was cautious when leaving the office, looking in each direction before exiting. A request was made for psychological treatment twice per month for 10 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological treatment 2 times a month for 10 months: 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), Pain, Psychological treatment; ODG, Psychotherapy Guidelines.

**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 Official Disability Guidelines (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 psychological treatment 2 times a month for 10 months or the equivalent of 20 sessions; the request was non-certified by utilization review with the following rationale provided: "Although the clinical documentation submitted for review indicates that the patient is diagnosed with PTSD, depression, anxiety, and insomnia due to acute stress, there was no comprehensive physical examination submitted for review demonstrating that the patient has symptoms demonstrating these disorders. In addition, it is unclear if the patient has previously had any psychological treatment or behavioral therapy for his current diagnosis." 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 provided documentation does not establish the medical necessity of this request. The provided medical records consisted of approximately 35 pages of which only a couple were clinically based. There is no comprehensive psychological evaluation provided. It is not clear how many sessions the patient has received already of cognitive behavioral therapy, if any, and if some was provided what the outcome was. The industrial guidelines an initial brief treatment trial should be conducted at the start of a new course of psychological treatment. It is not clear whether or not the patient has received prior psychological treatment or not and thus, it

is not clear whether or not this is a request to start a new course of treatment or continuing a pre-existing one. The brief treatment trial should consist of 3 to 4 sessions (MTUS) or 4 to 6 sessions (ODG). Contingent upon the outcome of the initial treatment trial additional sessions can be requested if medically necessary based on evidence of patient benefit including objectively measured functional improvements. Subsequent to the initial treatment trial course of psychological treatment consisting of 13 to 20 sessions maximum for most patients is recommended per guidelines. This request for 20 sessions would be a maximum of that range assuming that no prior treatment sessions have occurred and thus the request for 20 sessions for a 10-month period of time is excessive. There is a need for ongoing verification of medical necessity of treatment during the process and a course of psychological treatment consisting of 10 months does not adequately allow for that to occur. For these reasons, the medical necessity of this request is not established and therefore the utilization review determination for non-certification is upheld; the request is not medically necessary.