

<b>Case Number:</b>	CM15-0127506		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 7/16/2013. He reported multiple fractures from a ten foot fall off a ladder. The records indicated fracture to multiple ribs, right distal ulna, radial fractures, right shoulder tears and right fifth finger injury. He was noted to undergo several surgeries. It was noted he developed irritability, poor concentration and memory, decreased energy and loss of enjoyment. Diagnoses include post traumatic stress disorder, major depressive disorder, multiple injuries, and surgeries, and chronic pain. Treatments to date include Norco, Ibuprofen, and physical therapy. Currently, he complained of fluctuating levels of depressions and anxiety. There was no change in irritability. He reported two incomplete nightmares since the last visit. He reported individual psychotherapy was helpful. On 5/8/15, the physical examination documented a normal mood and forgetful memory. The plan of care included six additional individual cognitive behavioral therapy sessions, weekly; and six weekly group cognitive behavioral therapy sessions weekly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group cognitive behavioral therapy, weekly, quantity: 6 sessions, per 05/08/15 order:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

**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 see also group therapy 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. A specification for group therapy states: Group therapy Recommended as an option. Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD (Donovan, 2001) (Foy, 2000) (Rogers, 1999), current findings do not favor any particular type of group therapy over other types. (Foy, 2000) See also PTSD psychotherapy interventions. Decision: A request is made for cognitive behavioral therapy weekly 6 sessions per May 8, 2015 order; the request was determined to be not medically necessary by utilization review with the following provided rationale: "it appears that this patient has participated in individual therapy with some benefit. It is unclear how many sessions the patient has had. There was a request for this information sent on May 14, 2015 but the information is not included in these records. Without the information concerning the previous visits, the request is not medically necessary or appropriate. This IMR will address a request to overturn the utilization review decision of non-certification. The provided medical records were carefully reviewed. There are notes from the primary treating physician indicating symptoms of depression and anxiety as well as PTSD. There is a comprehensive psychological evaluation from February 2015 that suggests recommends psychological treatment. It appears likely that his psychological treatment began around this time but it could not be

determined definitively. There are 3 to 4 psychiatric treatment progress notes that reflect monthly treatment sessions and that the patient is making progress on depression and frequency of PTSD invasive thoughts. There is still symptoms at a clinically significant level present. No psychological treatment progress notes were found in the documentation submitted for consideration for this IMR. 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 of this request could not be established by the provided documentation. It does appear that the patient is experiencing clinically significant psychological/psychiatric symptoms and that he has been participating in both psychological and psychiatric treatment and appears to be benefiting from it. However, no psychological treatment progress notes were provided nor was there a clinical summary of the psychological treatment that he has been receiving included in the provided documentation. In the absence of any documentation from the patient's treating therapist it could not be determined how much treatment the patient has received to date. Because it could not be determined how much treatment has been completed, it could not be determined how many additional sessions could be authorized and still be consistent with industrial guidelines. It is possible that the patient would qualify for additional sessions but detailed information regarding the total quantity of sessions received to date as well as documentation of objectively measured functional improvement and patient benefit from the treatment would be needed to establish the medical necessity of this request. Therefore the request is not medically necessary and the utilization review decision is upheld.

**Individual cognitive behavioral therapy, weekly, quantity: 6 sessions, per 05/08/15 order:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

**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 cognitive behavioral therapy, weekly 6 sessions per made 8 2015 order; the request was determined to be not medically necessary by utilization review was provided the following rationale for its decision: "It appears that the patient has participated in individual therapy with some benefit. Is unclear how me sessions this patient has had. Without the information concerning the previous visits request is not medically necessary or appropriate." 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 medical necessity of this request could not be established by the provided documentation. It does appear that the patient is experiencing clinically significant psychological/psychiatric symptoms and that he has been participating in both psychological and psychiatric treatment and appears to be benefiting from it. However, no psychological treatment progress notes were provided nor was there a clinical summary of the psychological treatment that he has been receiving included in the provided documentation. In the absence of any documentation from the patient's treating therapist, it could not be determined how much treatment the patient has received to date. Because it could not be determined how much treatment has been completed, it could not be determined how many additional sessions could be authorized and still be consistent with industrial guidelines. It is possible that the patient would qualify for additional sessions but detailed information regarding the total quantity of sessions received to date as well as documentation of objectively measured functional improvement and patient benefit from the treatment would be needed to establish the medical necessity of this request. Therefore the request is not medically necessary and the utilization review decision is upheld.