

<b>Case Number:</b>	CM15-0129306		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 34 year old female, who sustained an industrial injury on July 12, 2013. The injured worker was diagnosed as having post traumatic stress disorder (PTSD). Treatment to date has included medication. A progress note dated May 20, 2015 provides the injured worker complains of sleep disturbance, decreased sex drive, depression, anxiety, concentration problems and panic attacks. Physical exam notes the injured worker appears euthymic. The plan includes cognitive behavioral therapy (CBT).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy/Relaxation Training, 6 wks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**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:** 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 cognitive behavioral therapy/relaxation training, 6 weeks the request was non-certified by utilization review the following provided rationale: "it is not clear from the record how many cognitive behavioral therapy visits and psych treatments injured worker has had." Medical records suggests that the patient has received 1 1/2 years of therapy and that she "found it helpful." No actual functional benefits were documented. No new goals documented. There is no detailed discussion of the efficacy of prior treatment or cognitive behavioral therapy. There is no comparison with prior exams, current exam shows euthymic affect is normal patient was administered BAI severe 40 BDI moderate 27. This IMR will address a request to overturn the utilization reviews decision for non-certification. 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. All the provided medical records were carefully reviewed for this IMR. The provided medical records consisted of under 40 pages of which only one handwritten and marginally legible psychological treatment progress note was found. This singular treatment progress note did not contain sufficient documentation of patient benefit from treatment in order to establish that the patient is responding with objectively measured functional improvements. The total quantity of treatment sessions is unknown. There is no active treatment plan that was provided for consideration for this request. Singular medical record that was provided regarding the patient's psychological treatment mentions improved self-efficacy. Improved self-efficacy does not meet the standard of functional improvement. In some the medical records were insufficient and did not provide a basis upon which to establish medical necessity the request for this reason the utilization review decision is upheld. The request is not medically necessary.