

<b>Case Number:</b>	CM15-0162120		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 53 year old male with an industrial injury dated 02-08-2012. The injured worker's diagnoses include prolonged adjustment disorder with anxiety and depressed mood. Treatment consisted of psychotherapy and periodic follow up visits. In a progress note dated 06-03-2015, the injured worker reported frustration, disappointment, sadness and anxiety. Objective findings revealed pleasant and cooperative mood. Mental status exam revealed alert and oriented in all spheres, good contact with reality, serious affect, slightly anxious and dysphoric mood. The injured worker denied suicidal or homicidal ideation. The treating physician reported that the injured worker has reached a point of maximum medical improvement. The treatment plan was for 4 additional psychotherapy visits to support his transition back to his old job. The treating physician prescribed services for Individual psychotherapy once a month for 4 months (60 minutes duration), now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy once a month for 4 months (60 minutes duration):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological intervention for chronic pain, Cognitive Behavioral Therapy Page(s): 101-102, 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment Page(s): 23-24, 101-102. 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. A request was made for individual psychotherapy once a month for 4 months; the request for non-certified by utilization review which provided the following rationale for its decision: "Patient was stated as MMI; no evidence of objective functional improvement from previous sessions; no indication as to the total number of prior visits." 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. According to a treatment progress note from the patient psychologist from February 6, 2015, the patient has been participating in psychological treatment every other week for a 2 month period of time, he is reported to have less anxiety and depression than what previously seen and these been more active and more able to be physical activities with his family but has not returned to full functioning as he was prior to the injury. He is noted to be making positive progress and reports benefiting from the treatment afforded to them. The total quantity of sessions at the patient has received to date was not clearly stated in the medical records. It does not appear however the patient has exceeded the official disability guidelines for psychological treatment cognitive behavioral therapy which suggest 13 to 20 sessions maximum; although this could not be determined definitively. Treatment progress notes were minimal and only marginally sufficient in establishing medical necessity. The request for 4 sessions to help the patient transition back to work is appropriate given that there is

a significant change in his employment status due to his industrial injury he is no longer able to work in the type of job he would previously have done just been causing depression and anxiety symptoms as he attempts to adjust to the new situation. Given that the patient still has some, albeit apparently mild, psychological symptoms, that the request is not excessive in terms of industrial guidelines, and that there has been at least some minor progress and benefit as a result of prior treatment including some improved activities of daily living and functioning, the request for 4 sessions is reasonable and medically appropriate.