

<b>Case Number:</b>	CM15-0175315		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 57 year old female, who sustained an industrial injury on 11-14-13. Medical record indicated the injured worker is undergoing treatment for post-traumatic stress disorder and chronic panic disorder. Treatment to date has included oral medications including Seroquel 25mg and Valium 5mg; and psychotherapy. Currently on 4-26-15, the injured worker reports she is working with self-help group and on 6-11-15 she notes she has joined an online therapy group. Work status is noted to be temporarily totally disabled. On 6-11-15 she is noted to be mildly depressed and anxious; however less than when evaluated previously. A request for authorization was submitted on 7-29-15 for Cognitive behavioral therapy 25 sessions, medication management 1-3 months for 1-2 years, Beck anxiety inventory 1 time every 6 weeks and Beck depression inventory 1 time every 6 weeks. On 8-5-15 utilization review non-certified Cognitive behavioral therapy 25 sessions noting it is unclear why the patient requires continued formal psychotherapy sessions and she seems to be adjusting adequately and improving; medication management 1-3 months for 1-2 years modified to 1-3 months for 3 visits noting there is no indication for the necessity of 1-2 years of visits without frequent re-evaluations where treatment plan can change; Beck anxiety inventory 1 time every 6 weeks and Beck depression inventory 1 time every 6 weeks noting it is unclear why the patient requires continued formal psychotherapy sessions and she seems to be adjusting adequately and improving.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **25 sessions of cognitive behavior therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress/Cognitive therapy for PTSD.

**Decision rationale:** ODG states "Cognitive therapy for PTSD is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual TFCBT is superior to stress management in the treatment of PTSD at between 2 and 5 months following treatment, and also that TFCBT was also more effective than other therapies. (Bisson, 2007) (Deville, 1999) (Foa, 1997) (Foa, 2006) Cognitive therapy is an effective intervention for recent-onset PTSD. (Ehlers, 2003) Empirical research has demonstrated consistently that Cognitive Behavioral Therapy (CBT) is supported for the treatment of PTSD. It has been demonstrated that CBT is more effective than self-help, de-briefing, or supportive therapy in preventing more entrenched PTSD symptoms. Importantly, it is unclear if supportive therapy was of any clinical value in the treatment of PTSD since it appeared to impede psychological recovery. Number of psychotherapy sessions: There is very limited study of the exact number of sessions needed in a course of psychological or psychiatric treatment. There are a small number of studies offering some basic directions on this topic, and they are summarized below. ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.). In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The injured worker has been diagnosed with post-traumatic stress disorder and chronic panic disorder. It has been suggested that she has undergone psychotherapy for PTSD, however the total number of sessions completed is unclear at this time. Per progress report dated 6/11/2015, she was noted to be mildly depressed and anxious and had improved since the last visit. Psychotherapy Guidelines recommend up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The request for 25 sessions of cognitive behavior therapy is excessive and not medically necessary at this time.

## **Beck anxiety inventory (1 time a week every 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress/Psychological evaluations.

**Decision rationale:** ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain

populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." The injured worker has been diagnosed with post-traumatic stress disorder and chronic panic disorder, and has been undergoing psychotherapy treatment for PTSD. Per guidelines, Psychological evaluations are generally accepted for diagnostic evaluations to distinguish if conditions are pre-existing, aggravated by the current injury or work related or to determine if further psychosocial interventions are indicated. In this case, the injured worker has already been in psychotherapy treatment. The request for Beck anxiety inventory (1 time a week every 6 weeks) is not medically necessary. Also, the request does not specify the quantity being requested.

**Medication management 1 to 3 months for 1-2 years: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible."The injured worker has been diagnosed with post-traumatic stress disorder and chronic panic disorder, and has been undergoing psychotherapy as well as medication management for the same. She is being prescribed Seroquel 25mg and Valium 5mg. Atypical antipsychotics such as Seroquel are not recommended for use in conditions covered by ODG. Also, in this case the use of Seroquel seems to be off label. Benzodiazepines such as Valium are not recommended for more than 4 weeks because of issues with abuse, tolerance, dependence etc. The request for Medication management 1 to 3 months for 1-2 years is excessive and not medically necessary as injured worker is not on any medications that would need to be continued for 1-2 years or require close monitoring. It is to be noted that the UR physician authorized 3 medication visits.

**Beck depression inventory, 1 time a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress/ Psychological evaluations.

**Decision rationale:** ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." The injured worker has been diagnosed with post-traumatic stress disorder and chronic panic disorder, and has been undergoing psychotherapy treatment for PTSD. Per guidelines, Psychological evaluations are generally accepted for diagnostic evaluations to distinguish if conditions are pre-existing, aggravated by the current injury or work related or to determine if further psychosocial interventions are indicated. In this case, the injured worker has already been in psychotherapy treatment. The request for Beck depression inventory (1 time a week every 6 weeks) is not medically necessary. Also, the request does not specify the quantity being requested.