

<b>Case Number:</b>	CM15-0039346		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 56 year old male who sustained a work related injury on November 29, 2012, incurring multiple injuries after being pinned under a machine at work. He was diagnosed with a head contusion, fractured scapula, chest contusion, hip contusion, and ear and face contusion, laceration of the head and contusions of the upper arm and post traumatic stress. In September, 2013, the injured worker had left shoulder surgery followed by physical therapy. In February, 2015, he complained of headaches, violent nightmares, inability to concentrate, memory loss, flashbacks and symptoms of major depression. The injured worker underwent cognitive and speech therapy. He was prescribed antidepressants, psychotherapy and pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy, quantity 10:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC guidelines Mental Illness and Stress.

**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 Page(s): 101-102; see also 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress, 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 progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. The recommended course of psychological treatment consists of 13-20 sessions for most patients. An exception can be made in cases of very severe Major Depressive Disorder/PTSD allowing additional sessions up to 50 maximum with evidence of patient benefit/progress. The total number of sessions at the patient has received was not clearly stated. The utilization review decision for non-certification rationale was: "in this case the submitted documentation does not reflect the presence/absence of any current objective evidence of psychological functional defects in order to support the requested treatment." It is noted that the patient received authorization for 10 sessions in April 2014 and 10 sessions in July 2014. Continued psychological treatment is contingent upon all three of the following issues being clearly documented: significant patient psychological symptomology, the total quantity of sessions requested consistent with ODG/MTUS, and evidence of significant patient benefit in treatment including objectively measured indices of functional improvement. It is not clear if this request does or does not exceed the guidelines recommendation for maximum quantity. In addition, the documentation does not provide strong enough evidence of objective functional improvement based on prior treatment. However, information was found in the medical record that was provided that contrasts the utilization review decision rationale that stated that there was insufficient substantiation for the request. According to a request for authorization form (2-14-15) the patient is suffering from severe major depressive disorder. According to a PR-2 progress report the patient is noted to have low energy and fatigue, persistently depressed mood, impaired concentration, inappropriate guilt, a feeling of helplessness and hopelessness with a lack of drive and motivation. He reports "I am in severe pain and feel like I'm going to die. I can't take it anymore. My life is gone. I feel like there is nothing left for me. When I walk by the saws in the

hardware store I keep picturing how I could do bad things to myself. I can't get out it out of my mind." He reports poor sleep and visual nightmares with flashbacks. I have dreams where I violently die like watching an old movie. "I don't want to be around anyone even my family. I'm saying things I don't mean like everything is falling apart. My head hurts all the time and I am at my ropes and. My kids are all grown and I don't know why I am still sticking around I just don't care. According to a treatment progress note from the patient's primary treating psychologist from November 2, 2014 "the patient displays symptoms of anxiety, depression, sadness, nervousness, and cognitive impairment. Patient's status has improved. He is still dissociative but much better at verbalizing his condition." Although the provided documentation was not sufficient in documenting the quantity of sessions the patient has received nor was insufficient in documenting patient progress in treatment there was some indication of patient progress although it is minimal. Decisions for continuing psychological treatment is not contingent solely upon patient symptomology which this patient clearly has. In this case an exception will be made to allow for additional treatment based on the severe nature of his psychological symptomology, some indication of patient benefited from prior treatment albeit minimal, and that the total quantity of sessions could not be established as exceeding treatment guidelines and based on the date of his injury possibly doesn't. In addition the request for 10 sessions is noted to be held at a frequency of one time per month during this time the patient's treatment should be phased towards conclusion. Any additional request for treatment should not be submitted or approved without documentation of the above-mentioned. Because the medical necessity of the request is reasonable and established the utilization review determination is overturned.