

<b>Case Number:</b>	CM15-0069234		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 25-year-old male, who sustained an industrial injury on December 19, 2013. The injured worker was diagnosed as having post-traumatic stress disorder. Treatment to date has included cognitive behavioral therapy, MRI, injection therapy, physical therapy, and medication. Currently, the injured worker complains of continued posttraumatic stress disorder symptoms including flashbacks, anxiety attacks, fear of public transportation, and interrupted sleep with disturbing nightmares. The Primary Treating Physician's report dated January 24, 2015, noted the injured worker had been seen most often on a weekly basis continuing to use provided strategies to document events, complete charts of weekly activity, and works toward integrating into improved social functioning and sleep patterns. The injured worker's symptoms were noted to remain congruent with the diagnosis of Post-Traumatic Stress Disorder. The treatment plan was noted to include a request for twelve additional psychotherapy sessions, with transportation and an interpreter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve weekly sessions of psychotherapy with transportation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Mental Illness & Stress and Department of Health Care Services-California, Criteria for Medical Transportation R-15-98E Criteria Manual Chapter 12.1 Criteria for Medical Transportation and Related Services R-15-98E II.

**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; 23-24. Decision based on Non-MTUS Citation 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 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. 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 session including objectively measured functional improvement. The provided medical records indicate that the patient has received 33 psychotherapy visits authorized since October 2014 up to the time of this request for 12 additional sessions. However, progress notes do not indicate how much treatment prior to October 2014 that the patient has received. Utilization review modified this request and did allow for 6 weekly sessions with transportation and notes that additional authorization for treatment will be determined based on response to these sessions as well as the medical necessity of continued care. All of the provided medical records were carefully reviewed, it could not be determined conclusively when the patient started his psychological treatment. The official disability guidelines recommend a course of psychological treatment that consists of 13 to 20 session's maximum for most patients. However, an allowance is made for patients with severe PTSD that would allow for an extended course of treatment up to a maximum of 50 sessions in the course of a year if there was sufficient evidence of patient benefit as well as continued medical necessity. The provided documents to contain progress notes as well as indications of patient benefit from psychological treatment. However, because they could not be determined how many sessions, the patient has received already; it could not be determined whether or not this request would exceed the recommended guidelines. Because the utilization review did allow for 6 additional sessions this will provide an opportunity to have the therapist provide an accurate

description of the total quantity of sessions provided to date. Because of the missing information, the medical necessity of this request could not be established. Because medical necessity could not be established, the request to overturn the utilization review determination is not approved.