

<b>Case Number:</b>	CM15-0073793		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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:

This is a 56 year old male with a May 8, 2013 date of injury. A progress note dated March 25, 2015 documents subjective findings (pain secondary to burns, rated at a level of 4/10 with medications and 8/10 without medications; poor sleep quality), objective findings (left wrist range of motion is limited by pain; light touch sensation decreased over thumb on left side; lesions on bilateral legs, groin, chest, left posterior shoulder, bilateral arms), and current diagnoses (burn unspecified degree of leg unspecified site; burn of multiple sites of wrist and hand unspecified degree; posttraumatic stress disorder). Treatments to date have included medications, skin grafting, exercise, psychotherapy, and acupuncture. The treating physician requested authorization for twenty weekly sessions of individual psychotherapy using eye movement desensitization and reprocessing, cognitive behavioral therapy, and mindful based stress reduction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 weekly sessions of individual psychotherapy using EMDR, CBT, and mindfulness based stress reduction (3 of these sessions will be used to cover completed psychotherapy sessions 2/26/15, 3/5/15, 3/12/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines.

**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. A request was made 420 weekly sessions of individual psychotherapy, the request was non-certified by utilization review with the following provided rationale: "while ODG notes that extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made, there is insufficient documentation of lasting functional improvement to warrant continued treatment. Based on the currently available information." This IMR will address a request to overturn that decision. It is not known how much psychological treatment the patient has already received. There is a notation that he began treatment with [REDACTED] on August 26, 2013. There is also a notation from [REDACTED] that between October 16, 2013 and April 9, 2014 that continued to document multiple emotional symptoms despite treatment with psychotherapy and psychopharmacology. The provided medical records were insufficient for the following reasons: the total quantity of sessions the patient has received to date was not clearly stated, there was no

active treatment plan with objectively measurable treatment goals and estimated dates of accomplishment, psychological treatment progress notes from prior sessions were not found, objectively measured improvements were not sufficiently documented in the provided records. For these reasons, the request is not medically necessary and therefore the utilization review determination for non-certification is upheld.