

<b>Case Number:</b>	CM15-0075226		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 51 year old female who sustained a work related injury October 28, 2014, for cumulative trauma for both hands and wrists. She was diagnosed as repetitive strain injury, tendinitis of the wrist, and carpal tunnel syndrome. Treatment included medication and a modified work schedule. Past history included left carpal tunnel release April, 2012 and right carpal tunnel release May, 2012. According to clinical psychology progress notes, dated April 7, 2015, the injured worker presented for individual cognitive supportive psychotherapy for one hour. She complains of increased pain in her left shoulder and forearm, down to her elbow. The psychologist documents she has benefited greatly from therapy on a subjective, objective, and functional basis, and has continued to work despite chronic pain and depression. Diagnosis is documented as depressive disorder not otherwise specified. Treatment plan included request for authorization for 8 additional sessions of psychotherapy (combination of individual and group).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of psychotherapy (combination of individual and group pm): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 co-morbid 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. 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 for 8 sessions of psychotherapy (combination of individual and group), the request was non-certified by utilization review with a partial modification of the request to allow for 4 sessions with the remaining 4 sessions not certified. The total quantity of sessions at the patient has received to date is unclear. It is noted that she has had participated in group psychotherapy since October 21, 2013 and according to the utilization review report has attended a total of 12 sessions of group therapy since that date with one individual treatment session held as well. The official disability guidelines allow for 13 to 20 sessions maximum for most patients. An allowance for extended treatment can be offered in some cases of severe psychopathology but this does not appear to apply to this individual. The request for 8 sessions to be held on a monthly basis would bring the total to 21 sessions. The patient appears to be making good progress in her treatment and it is noted that she is improving on a subjective, objective and functional basis and has continued to work despite chronic pain and resulting depression. An agreed medical evaluation on September 9, 2014 noted that the patient has received an adequate amount of therapy with the final 6 sessions to be offered. It is not clear how many of those sessions she has already received. The total quantity of sessions at the patient has received from the beginning of her treatment is not entirely clear. This is because the patient has been receiving both group and individual therapy and the numbers for her

individual therapy do not appear accurately reported in the medical records. At this time additional 4 sessions that were allowed by the utilization review appear to be appropriate but additional sessions beyond that are not indicated without further information regarding the total quantity of sessions at the patient has received to date of both individual and group therapy combined total number of sessions she's received since the September 9, 2014 evaluation. For these reasons the medical necessity of this request was not established and the utilization review determination is not medically necessary.