

<b>Case Number:</b>	CM15-0091908		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	07/04/2007
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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 55-year-old male, who sustained an industrial injury on 07/04/2007. The injured worker is currently off work. The injured worker is currently diagnosed as having major depressive disorder, insomnia, and male erectile disorder. Treatment and diagnostics to date has included cognitive behavioral therapy and medications. In a progress note dated 02/28/2015, the injured worker presented with complaints of depression, anxiety, chronic pain, irritability, low self-esteem, gastrointestinal distress, sleep disturbance, difficulty walking, cognitive impairment, and reduced libido. The treating physician reported requesting authorization for individual psychotherapy sessions stating it is a vital source of support and addresses reactive depression and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy (1 session per week x 20): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT).

**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: a request was made for Individual psychotherapy one session a week for 20 weeks; the request was non-certified by utilization review with the following rationale provided: "there are no randomized controlled trials or other high-quality evidence supporting the use of unimodal psychotherapeutic techniques and producing reliable functional improvements and-or reduction of disability with this type of chronic benign pain presentation." In addition, the submitted documentation does not provide evidence that there are unique indications or that an exception should be made in this case. To wit, 6 psychotherapy sessions have been recently provided to date; and there is no indication/documentation of cleaning clean clinically meaningful objective functional improvements." This IMR will address a request to overturn that decision. Decision: According to a treatment progress note from the primary treating psychologist from October 2014 the patient has completed 4 of 6 certified therapy sessions and notes that the treatment provides a source of support and enables the patient to keep active. The patient continues to note symptoms of depression and anxiety as well as irritability low self-esteem, chronic pain and additional symptoms. An additional treatment progress note from December 2014 indicates that the therapy is assisting the patient maintaining a sense of hope and helps to regulate emotions and persist in working. 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 do not establish the medical necessity of the requested procedure. There is insufficient documentation of the total quantity of sessions the patient has received already to date. Treatment progress notes are listed as having 6 sessions however; this is not a cumulative total and appears to be relative to the current treatment authorization. Because it could not be established how many sessions the patient has received

already to date it could not be determined if 20 additional sessions would exceed treatment guidelines. Because current treatment guidelines according to the official disability guidelines suggest a typical course of treatment consisting of 13 to 20 sessions the request for 20 additional sessions exceeds those guidelines because the patient has received 6 sessions to date at a minimum. In addition handwritten progress notes do not reflect objectively measured functional progress as a result of treatment although they do reflect subjective reports of patient benefit. For these reasons, the medical necessity of the request was not established and therefore the utilization review determination is upheld.