

<b>Case Number:</b>	CM14-0148952		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is a licensed Psychologist and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54-year-old female with a reported date of injury on 03/15/2012. The mechanism of injury was noted to be from an assault by a student. Her diagnoses were noted to include depression/anxiety, post-traumatic stress disorder, major depressive disorder. Her previous treatments were noted to include medications, psychotherapy, and biofeedback. The progress note, dated 03/16/2014, revealed that the injured worker worked in a position that did not make her do any heavy lifting and she enjoyed it and was unable to lift heavy things or push things around. The objective findings revealed that the injured worker was stressed and worried and depressed due to being in pain and was in fear of students, since she had been assaulted by a student. The progress note, dated 06/15/2014, revealed the injured worker was very depressed with crying and not sleeping well. The objective findings revealed that the injured worker seemed withdrawn and quiet, missed her job, and reported that her job was very good; she was very happy there, though she was still having nightmares and flashbacks. The progress note, dated 07/28/2014, revealed complaints of severe depression, the injured worker felt she was not allowed to continue with her job. Injured worker complained that her restrictions were not accommodated and that she felt frequently harassed and discriminated against. The injured worker complained of problems sleeping, crying, no energy, and very emotional. The objective findings revealed the injured worker had relapsed into major depression with feelings of helplessness, cognitive problems, insomnia, lack of appetite, and anhedonia. The Request for Authorization form, dated 07/28/2014, was for individual psychotherapy sessions 2 times a week for 8 visits; the provider's rationale was due to post-traumatic stress disorder and major depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy sessions 2 times a week for 8 visits: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Page(s): 101.

**Decision rationale:** The request for individual psychotherapy sessions 2 times a week for 8 visits is not medically necessary. The injured worker has been receiving psychotherapy and biofeedback and psychiatry treatments. The California Chronic Pain Medical Treatment Guidelines recommend psychological treatment 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 function, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. The stepped care approach to pain management that involves psychological intervention has been suggested as identify and address specific concerns about pain and enhance interventions that emphasize health management. The role of a psychologist at this point includes education and training of pain care providers and how to screen for patients that may need early psychological intervention. The guidelines state (to?) identify patients who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including the brief individual or group therapy. The guidelines state if pain is sustained in spite of continued therapy, intensive care may be required from mental health professions, allowing for a multidisciplinary treatment approach. The guidelines recommend up to 13 to 20 visits over 7 to 20 weeks (individual sessions) if progress is being made or in cases of severe major depression or PTSD up to 50 sessions if progress is being made. There is a lack of documentation regarding symptom improvement and progress being made with previous sessions. There is a lack of documentation regarding number of previous sessions completed. Therefore, the request is not medically necessary.