

Case Number:	CM14-0174323		
Date Assigned:	10/28/2014	Date of Injury:	07/10/2003
Decision Date:	12/04/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/22/2014

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 license Psychologist and is licensed to practice in California. 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:

According to the records as provided for this IMR, this patient is a 59 year old female who reported a work-related injury that occurred on July 10, 2003 during her normal work duties as a housekeeper/nanny. She reports being involved in an auto accident while at work and as a consequence has developed orthopedic pain and emotional stress. Facial and jaw pain teeth grinding and bracing of her facial musculature resulting in bruxism and grinding of the teeth, with fracture, have been mentioned. Headache and TMJ (Temporomandibular Joints) are reported. There was little to no information regarding additional orthopedic injuries that she has sustained and prior treatments for them. Psychologically, she has been diagnosed with: Posttraumatic Stress Disorder; Major Depressive Disorder; and Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. Treatment progress notes were not current, dating from 2012 and 2013. PR-2 (progress report) discusses her treatment plan at that time as individual psychotherapy one time a week, group psychotherapy two times a week, medication management one time a month and was taking the following psychiatric medications Zoloft, Abilify, Bzotropine. A psychological treatment plan report and request for authorization from September 2014 notes the patient's psychological condition has deteriorated and that she has remained untreated for approximately one year. The patient stated that the non-resolution of her pain and physical limitations are the cause of her current emotional state and necessitates psychological treatment. She states that she is suffering from depression, anxiety, aspects, chest pain, stomach pain, shakiness, lower back pain, bilateral hand pain, insomnia, lack of motivation, social withdrawal, crying, absent libido, nervousness and anxiety, low energy and fatigue, and residual pain to her right shoulder and back areas with additional pain located in the tips of her fingers and the right hand that radiates into the right arm and right side of her neck. Psychotherapy is requested to increase her self-esteem and self-confidence, to help her adjust to

physical and psychological limitations, and to assist with memory and concentration impairments. There is an indication of the patient requesting transportation to and from all medical appointments. A request was made for 12 individual psychotherapy sessions to be held one time a week for 12 weeks. The request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Individual Psychotherapy sessions 1 time per week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400 & 405.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy; Psychotherapy Guidelines Page(s): 23-24;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, October 2014.

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 recommend consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/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. The current requested is for 12 individual psychotherapy sessions, there is insufficient documentation to support overturning the utilization review determination for non-certification of the request. According to the records that were provided for this review, the patient has attended prior treatment sessions dating back to at least August 22, 2012 and continued into 2013. Few treatment progress notes were provided for this IMR, and the ones that were included did not reflect in any significant detail what the patient's course of prior treatment consisted of in terms of content or functional improvement and total quantity of sessions received. A treatment progress from 2012 did mention that she had been participating in psychological treatment one time per week individually and 2 times a week group format

suggesting 3 sessions per week but no mention of total quantity or objectively measured functional improvements. In all likelihood she has already received the maximum quantity of psychological treatment and care that is recommended by the official disability guidelines/MTUS as stated above. In addition, the patient's prior psychological treatment and care provided between 2003 and 2012 was not detailed in any manner. There was no information regarding the nature of the car accident and how it resulted in a diagnosis of PTSD. There was no mention of how her PTSD symptoms are being addressed in treatment and if there's been any changes as a result. Because there was no evidence of objective functional improvements derived from prior sessions that were provided for this independent medical review, and because the total quantity of sessions that is been provided to the patient already was not received, a determination of medical necessity could not be established. Continued medical necessity is contingent upon patient symptomology, total quantity of prior sessions and functional improvements as a result of prior sessions. Because the medical necessity for 12 sessions of individual psychotherapy cannot be established the request to overturn the UR determination is not approved.