

Case Number:	CM14-0181279		
Date Assigned:	11/06/2014	Date of Injury:	06/07/2011
Decision Date:	12/16/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/31/2014

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 licensed in psychology 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 that were provided for this IMR, this patient is a 44 year-old male who reported an industrial injury that occurred on June 7, 2011. The mechanism of injury was not reported. There was no documentation with regards to the nature of the physical/medical injuries that he sustained. This IMR will address psychological symptomology as they relate to the current requested treatment. The patient has a diagnosis of: Major Depressive Disorder, Single Episode, Severe with Psychotic Features; Pain Disorder Associated with Both Psychological Factors and a General Medical Condition, Insomnia, Chronic Pain. It is unclear how the psychological symptoms developed out of the work injury. According to utilization review, the patient was seen by his treating provider on July 29, 2014 who reported "improved psychological functioning including decreased symptomology of depressed mood." Anxiety and depressed mood was still evidenced however in the patient has been prescribed Seroquel for hallucinations and insomnia, and Effexor for depression and anxiety. A request was made for 6 sessions of psychotherapy, the request was modified by utilization review to allow for 4 sessions. This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of group cognitive behavioral therapy for depression: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, cognitive behavioral therapy 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, November 2014 update

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended 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 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. With respect to the current request for 6 psychological group cognitive behavioral therapy sessions, this appears to be, as best as could be determined, to be an initial treatment request to start a new course of psychological treatment. However, it is possible that this is a request for continuing and already in progress course of psychological treatment. No documentation regarding prior psychological treatment was provided for this requested review. The medical records provided consisted of only 14 pages and there was very little information regarding this patient's injuries from a medical or psychological perspective. There is no copy of a comprehensive psychological evaluation, there were no goals for the requested treatment and the rationale for the treatment was not provided. All information regarding patient psychological symptomology was found via the UR determination. It was unclear whether or not the patient has had prior psychological treatment for this work injury. According to MTUS guidelines, treatment should begin with an initial brief course of 3 to 4 sessions, this initial brief course of treatment should be allowed to determine whether or not the patient responds with objective functional improvement. Additional sessions are contingent not only upon patient symptomology but also evidence of objective functional benefit from the treatments. The utilization review decision to allow for 4 sessions was correct and in accordance with MTUS guidelines for the start of an initial treatment. The medical necessity of this request is not established due to insufficient documentation and following initial treatment protocol. Because medical necessity was not established, the utilization review determination is upheld.