

Case Number:	CM14-0022357		
Date Assigned:	05/09/2014	Date of Injury:	10/31/1996
Decision Date:	07/10/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/21/2014

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 Board Certified in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management, 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:

Based on the records provided for this independent medical review, this is a 68-year-old patient who reported an industrial /occupational work-related injury December 4th 1996. The mechanism of the injury was not reported not included in the paperwork provided. The patient's diagnoses medical and psychological and psychiatric diagnoses are unclear however there is mention in various places of Major Depression, Anxiety Disorder, and medical diagnoses of eye enucleation and headache. Additional notes mention the patient is struggling with anhedonia, anger, anxiety, depression, diminished concentration and memory, low self-esteem, sleep disturbance, GI (gastrointestinal) disturbance, musculoskeletal pain. Patient is anxious, confused, depressed, has impaired concentration and physical discomfort. A request for maintenance phase twice-monthly individual therapy and twice monthly group therapy for 24 weeks for the treatment of Major Depression has been made and non-certified. This IMR will address a request to overturn the non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

48 INDIVIDUAL PSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter, Topic Psychotherapy.

Decision rationale: There is insufficient documentation of his psychological and psychiatric diagnoses, prior treatment he has received to date. While an entire history is needed there was a near absence of prior records submitted for this review. The primary document was a formal appeals letter/report which did contain some information with regards to the request; but even the exact number of sessions being requested is unclear. In the report appeals letter it states that the patient is provider is appealing a request for ongoing treatment from January 17th 2014 to May 2014 and mentions a review number but there was no corresponding paperwork and a request for 24 retrospective psychotherapy sessions again with the review number but no corresponding paperwork. There is several mentions that this is a request for 48 sessions and others stating 24. Just working with the request on the formal appeals letter/report that states this is for "twice monthly individual therapy and twice monthly group therapy for 24 weeks as maintenance phase" this would suggest a period of treatment covering six months. Just based on this alone, request is excessive as it covers too lengthy of a block of time for treatment. Period progress updates are required to assess ongoing medical necessity and patient progress. There is an implied contention that such updates are not necessary in the appeal letter which is incorrect. According to the ODG psychotherapy guidelines for Major Depression (update June 2014), mental/stress chapter psychotherapy guidelines up to thirteen to twenty visits over a seven to twenty week of individual sessions can be offered if progress is being made but that the provider should evaluate symptom improvement during the process so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD (post-traumatic stress disorder) up to 50 sessions can be offered if progress is being made. The key note is that progress has to be indicated and documented as the process is going on. Requesting 6 months of therapy without ongoing assessment would be considered to be excessive and not in the spirit of the ODG. In the former appeals letter/report was submitted the contention that these guidelines are not appropriate and that APA guidelines should be used is also incorrect. The ODG adequately address the use of psychotherapy for the treatment of Major Depression. This is not to say that the patient should, or should not, have ongoing therapy: only that the amount and quantity and duration of time exceed what would be considered reasonable to document progress and medical necessity. In addition there is insufficient documentation of the patient's Psychological treatment history dating from his injury in 1996 and no psychological evaluations that were provided other than a brief mention of 13 psychotherapy sessions in 2013. The request for 48 individual psychotherapy sessions is not medically necessary or appropriate.