

Case Number:	CM14-0048420		
Date Assigned:	07/02/2014	Date of Injury:	06/17/2005
Decision Date:	12/17/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/16/2014

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 63 year old male who reported a work-related injury during the course of his employment with [REDACTED] that occurred on June 17, 2005. The mechanism of injury was not provided. He reports pain in his neck, low back, left arm, left leg, and right leg. Specific medical diagnoses were not provided. This IMR will address his psychological/psychiatric symptomology as it relates to the current requested treatment. He has been diagnosed with: Major Depression (partial remission); Dysthymia; Cognitive Disorder, mild (mostly in remission); Personality Disorder NOS, mild, passive-dependent, passive-aggressive and obsessive features. The patient began his psychological treatment in June 2006 and continued through 2013 on a biweekly or monthly basis. An undated note from his requesting treating psychologist states that the patient has not been in treatment since October 2013 and has called several times to restart treatment because of "chronic difficulties adjusting due to depressed mood and cognitive impairment due to industrial injury." No additional psychological treatment related documentation was provided to support this request: there was no history of his prior treatment, no discussion of benefit or results from prior treatment, and no discussion his current psychological status and how it relates to his work injury. Nearly all of the information gathered was taken from the UR determination for non-certification. A request was made for individual psychotherapy to be held one time per month for duration of 6 months; 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:

Individual Psychotherapy once a month for 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. 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 post-traumatic stress disorder (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 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. With regards to the current requested treatment, 48 pages of medical records were considered. Other than a brief note from the primary treating psychologist, no additional supporting documentation was provided regarding the patient's current psychological symptomology and prior psychological treatment history. The utilization review statement of non-certification mentions that the patient has had over 5 years of psychological care in the past. Medical necessity for psychological treatment is contingent on the presence of significant symptoms as well as documentation of specific benefit from treatment, including functional improvement. Given the lack of necessary documentation, the medical necessity for the 6 visits of psychological treatment has not been established. In addition, the requested treatment needs to conform to MTUS/ODG guidelines for duration and quantity. These guidelines reflect that 13-20 sessions are adequate in most cases. In rare cases, of severe PTSD/major depression exceptions can be made; however no additional reasons for consideration were provided along with the lack of information regarding his prior treatment, and it appears likely that he may have already received a generous lengthy extension of treatment. The medical necessity of the request cannot be established and therefore, the UR determination is upheld.