

Case Number:	CM14-0010839		
Date Assigned:	02/21/2014	Date of Injury:	06/14/1993
Decision Date:	10/13/2015	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 62 year old male who sustained an industrial injury on 6-14-93. Progress report dated 9-3-13 reports complaints of depression, anxiety and stress. Diagnoses include: adjustment disorder with mixed anxiety and chronic depression and psychological factors affecting medical condition. Plan of care includes: weekly cognitive behavioral psychotherapy, telephone consults, as well as related psychiatric and social services will be necessary to treat the symptoms. Work status: remain off work until released by physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly psychotherapy treatment one session per week for 20 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines August 2015 update.

Decision rationale: Citation Summary: 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 recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. A request was made for 20 weekly psychotherapy treatment sessions to be held one time per week; the request was modified by utilization review to allow for 3 sessions with the following provided rationale for its decision: "the patient was diagnosed with Major Depressive Disorder, single episode, Adjustment Disorder with mixed anxiety and depression chronic and Psychic Factors. Unfortunately, no recent updates regarding the patient's emotional conditioner status were provided so functional improvement with prior treatment could not be ascertained. Evidence-based guidelines recommend an initial trial of 3 to 4 visits over 2 weeks to evaluate for functional improvement. In this clinical context, that would be an appropriate amount of treatment. Depending on the outcome of the initial 3 sessions with regards to objective deficits and goals, certification of additional treatment can be considered." This IMR will address a request to overturn the utilization reviews decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. This request for 20 treatment sessions is not consistent with industrial guidelines and therefore the medical necessity is not established. The official disability guidelines recommend that an initial brief treatment trial of 4 to 6 sessions be conducted in order to determine patient benefit. Contingent upon patient benefit been established in terms of progress and functional improvement additional sessions up to 20 can be authorized. This request is for 20 sessions and therefore represents the entire course of psychological treatment recommended on an industrial basis by the industrial guidelines. The request is not take into account the need for an initial brief treatment trial to determine whether or not the patient is likely to benefit from the treatment per industrial guidelines. Therefore, the medical necessity of the request is not

established on that basis solely and the utilization-modified decision to allow for 3 sessions is upheld. The request is not medically necessary.