

Case Number:	CM14-0128472		
Date Assigned:	08/18/2014	Date of Injury:	04/01/2009
Decision Date:	01/05/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/13/2014

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 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 61 year old female who reported an industrial related injury that occurred on April 1, 2009. The injury reportedly occurred when the patient slipped on water on the floor and injured her neck, back left hand and shoulders and was diagnosed with "chronic regional pain syndrome" and as a result has symptoms of depression and anxiety. This IMR will address the patient's psychological symptomology/treatment history as it relates to the current request. She has been diagnosed with: Major Depressive Disorder, Single Episode; Generalized Anxiety Disorder; Insomnia. According to a PR-2 report from the patient's treating psychologist in July 2014, she reports "pain in her right hand, right wrist, back, neck, and shoulders. She has difficulties controlling her emotions and impulses. She is socially isolating and withdrawn. She feel sad, tired, irritable, fearful, nervous, restless, anxious, helpless, and depressed. Her sexual desire has decreased." It was also the noted that she tends to overeat with weight gain and has difficulty communicating, heart palpitations poor sleep and communication and loss of interest in usual activities. She is fearful with nightmares and distressing dreams, headaches, gastrointestinal problems. There is a note that "her emotional condition and relationship with her family has improved with treatment and she experiences an improvement in anxiety with medications." Treatment plan is stated as: cognitive behavioral group psychotherapy and hypnotherapy/relaxation training for one time a week for 4 months. Continue treatment plan and psychiatric treatment." A prior progress note from her treating psychologist from June 2014 lists treatment progress as: "her emotional condition has improved with treatment." A note from her psychiatrist states that she is taking Zoloft and BuSpar but discontinued Trazodone and that she continues to have significant anxiety and insomnia with pain. Treatment plan psychiatrically is to start Amitriptyline 25 mg PRN for insomnia and pain. Psychiatrically, her mood was described as engaging and appropriate. A

request was made for 16 sessions of group psychotherapy to be held one time a week for 4 months, the request was non-certified by utilization review. According to the utilization review rationale for non-certification the patient has received 27 authorized sessions with a lack of documented objective clinical improvement. This IMR will address a request to overturn the utilization review determination for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychotherapy, 1 per week for 4 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation ODG: Psychotherapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, psychological treatment, behavioral therapy Page(s): 101-102; 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 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 medical necessity of the request for 16 additional sessions of group psychotherapy is was not supported by the documentation provided for this review. According to the official disability guidelines, 13-20 visits over a 7-20 week period of individual sessions is the recommended amount for most patients. Patient has already had 27 session and this request exceeds the guidelines. In addition, there was insufficient evidence of objective functional improvements based on prior sessions and the treatment goals were not stated in a manner that would allow for measuring progress. There was no active treatment plan with stated goals and expected dates of accomplishment. 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 of objective functional improvements based on prior sessions, and because the requested treatment exceeds guidelines an additional 16 sessions is not medically necessary. Because medical necessity was not established, the request to overturn the utilization review determination is not approved.