

Case Number:	CM14-0128695		
Date Assigned:	08/18/2014	Date of Injury:	01/15/2014
Decision Date:	06/11/2015	UR Denial Date:	08/06/2014
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. 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 (IW) is a 19-year-old male who sustained an industrial injury on 01/15/2014 due to a crush injury of the left hand. Diagnoses include dysthymic disorder, posttraumatic stress disorder and learning disorder NOS-dyslexia by history. Treatments to date include medications, medical treatments for the left hand and psychotherapy and psychophysiological therapy. According to the progress report dated 7/28/14, the IW reported he was using the skills learned in therapy to remain calm and relaxed with a positive disposition. He explained how he was implementing heart rate variability (HRV) biofeedback and cognitive behavioral methods to control his autonomic nervous system, his "fight or flight" response. He was still concerned about his issues with sleep. The provider noted functional improvements as evidenced by the IW's ability to control anxiety by using the various skills he learned in therapy, but concerns about the IW's sleep patterns remained. A request was made for a 60-minute psychotherapy session to improve upon the skills the IW learned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 60 minute session: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 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 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 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. 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 session including objectively measured functional improvement. Although the MTUS and official disability guidelines do support the use of psychological treatment, the medical necessity of this request is not established by the provided documentation. First, the request itself does not contain a specific quantity of sessions being requested. The request itself is written as "psychotherapy 60 minutes session". It is not clear if this request is for one (1) session or for more than one. The request was made at the same time as a request for 6 psychotherapy treatment sessions. The request for 6 psychotherapy treatment sessions was approved by utilization review. In addition, at the same time a request for 6 biofeedback sessions (psychophysiological therapy) was also approved. This request for one additional session appears to be redundant and the reasonableness/medical necessity was not established by the provided documentation for an additional 60 minutes psychotherapy session when 6 psychotherapy sessions were authorized under the same request. For this reason, the medical necessity the request is not established and therefore the utilization review finding for non-certification is upheld. The request is not medically necessary.