

Case Number:	CM14-0180192		
Date Assigned:	11/21/2014	Date of Injury:	02/26/2004
Decision Date:	02/17/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/30/2014

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 Psychologist (PHD, PSYD) 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 provided medical records, this patient is a 62 year old female who reported a work-related injury that occurred on February 26, 2004. 74 pages of medical notes were provided for review, however these consisted only of utilization review case documents and notes from a psychiatric hospitalization that occurred in July 2014. The psychiatric hospitalization reflects episodes of significant psychosis and severe depression reflected in a suicide attempt and auditory hallucinations telling her to harm herself. Utilization review reported outpatient psychological progress notes dated from October 19, 2013 indicate panic attack difficulty sleeping, poor appetite and auditory hallucinations. There is a diagnosis of: Pain Disorder Associated with Both Psychological Factors and a General Medical Condition, Chronic; Major Depressive Disorder, Recurrent Severe with Psychotic Features; Posttraumatic Stress Disorder and Sleep Disorder Due To Chronic Pain Insomnia Type. A request was made for psychotherapy 2 times per month (unspecified duration or quantity), the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2 times monthly: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-400. Decision based on Non-MTUS Citation Official Disability

Guidelines - Treatment for Workers' Compensation (ODG-TWC) Mental Illness&; Stress
Procedure Summary last updated 06/12/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, 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) allows for 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 request for psychotherapy 2 times per month, there is insufficient documentation to support the medical necessity of the request. Although there are indications of prior psychological treatment, no progress notes were provided. There is no comprehensive psychological evaluation provided nor were there any treatment session notes or current records from the treating psychologist. There was no information provided regarding the patient's injury and how resulted in psychological damage and there was no information provided how the current is patiently suffering psychological distress from an occupational industrial injury. There was no explanation of the rationale for the requested treatment. No treatment plan with specific goals and estimated dates of accomplishment was provided. There is no indication of how many sessions of the patient had in the past nor was there any records about benefit the patient has received from prior sessions. Current guidelines state that properly identified patients may receive 13-20 visits over a 7-20 week period of individual sessions if progress is being made and in some cases of rare PTSD or major depression up to 50 sessions maximum total may be provided if progress is being made. In this case there's no indication of how many sessions she's had and there's no reflection of progress being made in treatment. Continued medical care is contingent not only patient symptomology but evidence the patient is benefiting from treatment as reflected in documentation of patient objective functional improvements and that the total quantity of sessions is consistent with treatment guidelines as stated above. Because the medical necessity of this request was not established, the utilization review determination is upheld.

