

Case Number:	CM14-0199026		
Date Assigned:	12/09/2014	Date of Injury:	05/06/1997
Decision Date:	01/21/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/26/2014

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 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 records, this patient is a 67 year old male who reported a work-related injury that occurred on May 6, 1997 during the course of his employment for [REDACTED]. The mechanism of injury was not provided for consideration nor was a comprehensive psychological evaluation. It is not clear how the patient has been injured psychologically. According to a PR-2 progress report from November 1, 2014 by the patient's treating psychologist, the patient has been diagnosed with the following: Pain Disorder Associated with Psychological Factors and a General Medical Condition; Major Depressive Disorder; Alcoholism, in Remission. Regarding treatment progress, the treating psychologist stated on November 1, 2014 "as always patient responds positively to treatment -depression decreases-another relative recently died, depressing PT" this progress note reflected two treatment sessions that occurred in October 2014. A previous psychological treatment note states that ". Patient appears depressed and somewhat overwhelmed as always responds very positively to monthly support sessions with writer-pain levels are somewhat variable-he struggles to cope with daily living." This progress note reflected one treatment session from September 9, 2014. Similar notes were found for June, July and August 2014 psychiatric medication includes Xanax 0.5 mg. It is not clear if other psychiatric medications have been prescribed or are currently being utilized. A request was made for 12 monthly support sessions, the request was non-certified by utilization review which determined that the request was a duplicate request for services and that on July 14, 2014 20 psychiatric sessions over a 2 year period were authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 support sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability guidelines: Cognitive Behavioral Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines Page(s): 100-10.

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 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 the requested treatment, the medical necessity was not established. There was no indication of the total number of sessions at the patient has been provided to date. This information is needed to in order to determine whether or not the request conforms with the above stated guidelines which suggest that most patients 13-20 sessions is sufficient as a maximum. There was no active treatment plan was stated goals and expected dates of accomplishment nor was there an indication in the medical records provided of sufficient patient benefit from the treatment. According to the disability guidelines for treatment, patient benefit needs to be documented, this includes objective functional improvements. There were no reported changes in the patient's activities of daily living, decrease in reliance upon future medical care or decreases in work status/restrictions if appropriate. Continued psychological care is contingent upon not only significant patient symptomology but also patient benefit and the quantity of sessions conforming to the above stated guidelines. Because these conditions were not met, the medical necessity of the request is not supported by the documentation provided and the request to overturn the utilization review determination of denial is upheld. Therefore the request is not medically necessary.