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| Case Number: | CM14-0199043 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 08/14/2012 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 10/30/2014 |
| 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. 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 57 year old male, who sustained an industrial injury on August 14, 2012. The diagnoses have included major depressive disorder, single episode, partial remission, and adjustment disorder with anxiety, insomnia related to chronic pain and anxiety, diagnosis deferred on axis II, chronic pain, diabetes, hypertension, physical injury, disability, financial hardship, workers compensation process issues and current GAF 64. Treatment to date has included Remeron which at the visit on September 9, 2014 was being stopped unless he has trouble with sleep, group cognitive behavioral psychotherapy for chronic pain. Currently, the Injured Worker complains of continue depression, anhedonia, anxious and irritable the symptoms are not daily, he is suffering from thoughts that he will never be the same again but sates he is learning more techniques to cope with the chronic pain and disability in psychotherapy group he complains of levels of impaired concentration and forgetfulness. On October 30, 2014 Utilization Review non-certified additional six sessions of psychotherapy, noting Medical treatment utilization schedule (MTUS) guidelines, Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM) was cited. On October 18, 2014, the injured worker submitted an application for IMR for review additional six sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 Sessions of Psychotherapy: 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, Cognitive behavioral therapy, psychotherapy guidelines Page(. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines.

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. With regards to the request for 6 additional sessions of psychotherapy, the medical necessity of the request was not supported. Continued psychological treatment is contingent upon 3 factors; significant patient symptomology, evidence of patient benefited from prior treatment including objective functional improvement, and that the total requested treatment quantity is conforming to the above stated guidelines. Is unclear how much treatment the patient received since he started treatment. He had a comprehensive initial psychological evaluation that was conducted on August 9, 2013 and was diagnosed with the following: Major Depressive disorder, single episode, moderate; Adjustment disorder with anxiety, insomnia related to chronic pain and anxiety. He appears to have begun psychological treatment soon after this evaluation, perhaps September 3, 2013. There is a notation that from September 3, 2013 to October 11, 2013 he attended 4 sessions of cognitive behavioral group psychotherapy including stress reduction and relaxation techniques. A further progress note from his primary treating physician dated October 29, 2013 indicates that he is still feeling depressed but having improved severity levels with improvement in mood and other depressive symptomology and reports that the group therapy is it experiencing as helpful in learning to deal with the situation and home life. Similar treatment progress notes were found for November 2013. The patient also received ongoing psychiatric medication management and treatment. Psychiatric progress notes were also found trying to find appropriate medications for him to improve sleep including titration of the

medication Remeron. On March 25, 2014 he had a qualified medical evaluation that discussed his psychological treatment and noted that he should be encouraged to continue participation in group treatment at a minimum of 2 sessions a month for 6 months. The total quantity of treatment could not be determined but it appears likely that he has exceeded the maximum guidelines which state that most patients a course of treatment consisting of 13 to 20 sessions is sufficient. There is a notation in the guidelines stating that first significant severity of psychiatric symptomology additional sessions may be warranted but it does not appear to be indicated in this particular case. It does appear that he has received a fairly substantial amount of psychological treatment and has been benefiting from it in several ways. However, because the total duration of treatment provided has most likely exceeded the maximum recommended additional sessions are not found to be medically necessary based on this factor. Therefore the utilization review determination for non-certification is upheld.