

Case Number:	CM14-0201439		
Date Assigned:	12/11/2014	Date of Injury:	01/22/2008
Decision Date:	01/28/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 a licensed 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 documents, this patient is a 56 year old male who reported a work-related injury that occurred on January 22, 2008 during the course of his employment for the [REDACTED] in tax collections. The patient reported having a difficult time continuing to work due to unethical practices and retired from his employment when learning that his employers were intending to eliminate his position and transferring him to an undesirable position at [REDACTED] on the graveyard shift. He subsequently suffered a heart attack. Psychologically he has been diagnosed with: Major Depressive Disorder, Single Episode, Moderate, with Anxiety; Psychological Factors Affecting Another Medical condition (anxiety and depression contributing to heart attack, irritable bowel syndrome, musculoskeletal pain, fatigue and sexual dysfunction); male hypoactive sexual Desire Disorder. An alternative psychological diagnosis is listed as: adjustment disorder with mixed anxiety and depression. According to utilization review, the patient has been in individual therapy since January 2011 and additional treatment is requested to improve the functional progress involving increased driving, socialization, and self-esteem. Progress derived from prior treatment according to the patient's treating therapist is stated as: "lessened depression and anxiety, improved ADL, increased focus, all of which are necessary to a successful returned to work". Treatment modalities have included "venting, cognitive behavioral therapy, and accurate affirmations." Additional improvements have been noted to include sleeping less during the day, but continued symptomology of depression and crying and anxiety have continued. He has received extensive group psychotherapy that met on a weekly basis as well as individual psychotherapy. He has also participated in psychiatric treatment and is currently prescribed Prozac 20 mg. This IMR will focus on the patient's psychological symptomology as it relates to the current requested treatment of 20 sessions of weekly psychotherapy. The request was non-certified by UR, but a

modification was offered to allow for 10 sessions. This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy; one session per week for twenty weeks-52 minute sessions:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, psychological treatment and cognitive behavioral therapy Page(. 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) 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 20 additional sessions of psychotherapy, the requested does not appear to be medically necessary. Current treatment guidelines recommend 13-20 sessions for most patients, those with very severe symptomology, which does not appear to currently apply in this case, up to 50 sessions can be provided with evidence of progress. The current request for 20 sessions is the maximum for most patients that would be recommended without consideration for his prior treatment. The total quantity of his prior psychological treatment was not clearly stated in the records provided however in terms of duration appears to span a period of time of several years. Thus the request for 20 more sessions exceeds the guidelines for even the most severe patients; but because the total quantity of sessions was not provided this is not entirely clear. The patient does appear to have made

progress in his treatment as documented in the progress notes. Continued psychological care is contingent not solely upon the patient exhibiting significant psychological symptomology but also that the duration and quantity of treatment conforms to the above stated guidelines. Utilization review modified the request of 20 sessions to allow for an additional 10 visits. The medical necessity for 20 sessions was not established, because the medical necessity was not established, the utilization review determination is upheld.