

Case Number:	CM14-0201963		
Date Assigned:	12/12/2014	Date of Injury:	06/23/2011
Decision Date:	02/10/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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 49 year old male patient who reported a work-related injury that occurred on June 23, 2011 during the course of his employment for the [REDACTED]. He is status post multiple surgeries for his this IMR will focus on the patient psychological symptomology as it relates to the current requested treatment. He has been diagnosed with Major Depressive Disorder and Anxiety Disorder not otherwise specified; and Psychological Factors Affecting a General Medical Condition. According to a report from the patient's primary treating psychologist from December 2014: "the patient requires an unusually long period of psychotherapy because of the exceptionally traumatic nature of his industrial psychiatric injury and extreme severity of continuing psychiatric symptoms." The mechanism of injury is described as a retaliatory attempt by his supervisor that included "malicious, unlawful and slanderous acts." According to the provider, treatment has been necessary "to permit (the patient) to reestablish the healthy family and personal relationships that were destroyed during more than 2 years of false charges including sexual harassment of teenage females resulting in him being stripped of work responsibilities and forced to serve "house arrest" followed by wrongful termination after more than 25 years of service." He was subsequently reinstated when all of the accusations were found to be unsubstantiated. A request was made for 12 sessions of group psychotherapy, the request was non-certified by utilization review; 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:

Group psychotherapy x12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, cognitive behavioral therapy; psychological treatment Page(s):. 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 co-morbid 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) 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. The medical necessity of the request for 12 additional group psychological sessions was not established. The total quantity and duration of the patient's psychological treatment was not been clearly specified, however an estimation was possible. The patient has received at least 70 group therapy sessions between July 17, 2013 and December 11, 2014. Additional psychological treatment appears to have been provided in 2012 and 2013 prior to July 17, unspecified quantity. The patient has also been receiving ongoing psychiatric care. At this juncture the patient has received a lengthy course of treatment that has lasted for several years. He has already exceeded the maximum guidelines for even the most severe cases of Major Depression/PTSD. In a letter written by the treating provider to address this request for additional treatment it is mistakenly stated that patients are eligible up to 50 sessions per year. According to the official disability guidelines most patients may be offered a course of psychological treatment consisting of up to 13-20 visits over a 7-20 week period of individual sessions if progress is being made and that in some cases of severe symptomology up to 50 sessions can be offered. These guidelines reflect the maximum quantity that are recommended for most cases and are not annual. The request exceeding guidelines for maximum treatment duration and the medical record reflect that he has likely reached a state of maximal

psychological benefit; the medical necessity of continued psychological treatment is not supported. Because medical necessity is not evidence, the request is not medically necessary.