

Case Number:	CM14-0203116		
Date Assigned:	12/15/2014	Date of Injury:	05/10/2010
Decision Date:	02/04/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/04/2014

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 50 year old male who reported an industrial related injury that occurred on May 10, 2010 during the course of his employment as an assembler for [REDACTED]. He reports neck pain that radiates down his upper extremities bilaterally and low back pain that radiates down his lower extremities bilaterally, with pain in the right shoulder, arm and bilateral hands. He reports ongoing moderate headache, insomnia with depression and associated anxiety. There are limitations in activities of daily living including activity, hand function, sleep and sex. This IMR is focused on his psychological symptomology as it relates to the current requested treatment. According to a psychological evaluation from June 25, 2014, the patient reports suffering a psychiatric stress reaction due to his work-related injuries and that he underwent unspecified psychological treatment in early 2011 which was prompted by a suicide attempt of overdosing on medications. He has been treated with 2 different psychiatrists and has been prescribed psychotropic medication for alleged anxiety, depression, and hearing voices. He has received group psychotherapy and individual psychotherapy. He reports a suicide attempt was related to his injury and feeling harassed at work because of wearing wrist braces and with an implication that he was faking injury and he noted several other instances of perceived harassment such as being given the most difficult/complicated jobs causing further exacerbation of his pain. According to this report the patient responded to his physical injury and work-related stress with paranoia, depression, anxiety, and even post-traumatic stress. The patient was a youth living in [REDACTED] during the [REDACTED] which may be a non-industrial but contributing factor. He has been diagnosed with the following: Major Depressive Disorder, Single Episode, Moderate without Suicidal Ideation or Psychosis; Anxiety Disorder Not Otherwise Specified; Post-Traumatic Stress Disorder, Chronic (Partially Pre-Existing Condition); Pain Disorder Associated with Both Psychological Factors

and a General Medical Condition. According to the utilization review determination for non-certification, the patient has received 117+ visits of psychological/psychiatric treatment as of November 14, 2014. A request was made for psychotherapy/cognitive behavioral therapy (unspecified quantity). The request was non-certified. The rationale provided by utilization review for their non-certification determination was stated that a June 25, 2014 permanent and stationary report recommended up to 12 sessions for one year at the rate of one session per month. "However, there is no indication of the number of sessions the patient has completed within the current year. There is no reason psychotherapy reports to evaluate improvement with current sessions. There are no treatment goals. In addition the specific number of sessions requested this time is not documented. While it is noted that the patient may benefit from maintenance psychotherapy, currently the medical necessity is not substantiated for additional psychotherapy 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:

Psychotherapy/Cognitive Behavior Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Psychotherapy

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 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 respect to the requested treatment, the medical necessity

of the requested treatment was not established by the records provided for consideration. The requested treatment was nonspecific with respect to the quantity of sessions being requested. Requests for psychological treatment being considered under IMR should contain the quantity of sessions being requested. According to current treatment guidelines, most patients are eligible for 13-20 visits over a 7 to 20 week period of individual sessions if progress is being made and in some cases of extreme symptoms of severe major depression or PTSD up to 50 sessions maximum can be offered if progress is being made. Because the patient has already received over 117 sessions, he has already had more than doubled in the maximum amount suggested by treatment guidelines reserved for patients with the most severe psychological symptomology. No active comprehensive treatment plan was provided for the current requested sessions or for prior sessions. There is insufficient documentation that the patient has been benefiting from prior sessions in the form of objective functional improvements. Continued psychological care is contingent upon not solely patient symptomology (evidenced) but also that the patient is making progress and benefiting from treatment (unsupported). In addition the total number of sessions requested should conform to the above stated guidelines (unsupported). Because these 2 latter conditions are not met the medical necessity of the request is not established. Because the medical necessity of the request is not established, the request is not medically necessary.