MAXIMUS Federal Services

Case Number:	CM14-0204619		
Date Assigned:	12/16/2014	Date of Injury:	12/22/2013
Decision Date:	02/09/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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 year old female who reported and industrial related injury that occurred on December 22, 2013. On the date of injury, the patient who was working as a Psychiatric Technician was attacked by a known violent patient while assisting with other staff to administer an injection, she was pulled to the floor, landing hard on her knees, twisting her right ankle and wrist. She developed post-traumatic stress disorder and hypertension. There is a pre-existing non-industrial domestic violence history. She describes pain in the right shoulder, shoulder blade area and mild to moderate bilateral knee/right ankle. A psychological treatment progress note states that the patient has decided to pursue work as a massage therapist and feels she cannot return to working as a psychiatric technician due to the trauma. Nightmares and anxiety attacks continue at a frequency of 1 to 3 times per week but are less intense.The total number of treatment sessions provided to date is not known but it appears that she received at least 20 sessions of psychotherapy through November 11, 2014. Xanax for anxiety. A request was made for psychotherapy 2 times a month for 6 months (12 visits), the request was non-certified; 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 2x a month for 6 months (12 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness And Stress Chapter, 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 request for 12 additional psychotherapy visits over a 6 month period, the medical necessity of the requested treatment is not substantiated by the documentation that was provided for this review. The patient has received an unknown quantity of psychological treatment to date, but is estimated based on utilization review documentation to be at least 20 visits. According to the official disability guidelines, most patients are eligible for a maximum of 13-20 sessions if progress is being made. 12 additional therapy sessions appears to exceed that guideline. It is also noted in the guidelines that ongoing progress/benefit and medical necessity must be assessed; a six month period of time would not adequately allow for that. Although in some cases more than the maximum number of sessions can be provided based on severity of patient symptomology and extent of progress/benefit from prior treatments the provided medical records do not establish that an extended course of treatment is medically necessary. Because the medical necessity of the request was not established the utilization review determination for non-certification is upheld.