

Case Number:	CM14-0204715		
Date Assigned:	12/17/2014	Date of Injury:	10/15/1999
Decision Date:	02/09/2015	UR Denial Date:	11/13/2014
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 Psychology (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 64 year old female who reported a work-related injury that occurred on October 15, 1999 during the course of her employment at the [REDACTED]. The injury is described as a continuous trauma that occurred during the course of her employment from November 1974 through October 15, 1999. She reports neck pain and shoulder pain. She has been diagnosed with Major Depressive Disorder, Single Episode, Moderate; Psychological Factors Affecting Medical Condition; Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. She is described as experiencing depression and symptoms of frustration. The total number of psychological treatment sessions that the patient has had been provided to date is unknown, but there are indications that she had at least 22 sessions in 2014 including several group therapy sessions and utilization review reports over a total of 40 sessions have recently been provided. The patient also has been receiving regular and frequent psychiatric treatment in addition to the psychological care. She is described as depressed and anxious and irritable and suffering from poor sleep due to pain. She is also described as socially withdrawn and having episodes of tearfulness. A treatment plan was described consisting of using cognitive behavioral therapy to provide her with a better outlook on her current situation post injury and make peace with her past experiences in the workplace. With goals including focusing on the positive aspects of her future and life as well as reconnecting with friends. Although a treatment progress note was provided, from the primary treating psychiatrist, from July 31, 2014 the progress notes from her Psychiatrist do not reflect any objective functional improvements that were derived from prior treatment sessions. The progress note did reflect the patient is feeling very depressed and under stress due to pain and medication issues. Another treatment progress note by the same provider from April 2014 states that in April her depression was about the same but anxiety was not as

bad and the hallucinations were less.No psychological treatment progress notes were provided for consideration, although a summary report from January 2015 was received by the treating psychologist for consideration. A request was made for weekly individual psychotherapy for 20 weeks (20 sessions), 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:

Individual Psychotherapy Sessions 1 Time A Week for 20 Weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 regards the request for 20 additional sessions, the medical necessity the request was not established by the documentation provided for consideration. The patient appears to have received a very lengthy and ongoing course of psychological treatment. The entire duration of her treatment is unknown as there was no summary of her treatment provided. There was no clear indication of either the quantity or duration of her prior treatment. There was evidence of at least 40 sessions in the recent past not including ongoing psychiatric care. No psychological treatment progress notes were provided for consideration. There was a treatment summary by the treating psychologist but this did not contain information with regards to the duration and quantity of treatment already provided. The

request for 20 additional sessions exceeds the above stated guidelines that recommend up to a maximum of 50 sessions maximum for patients with the most severe conditions of major depression or PTSD. Prior treatment benefit has been documented adequately. Current treatment goals do not contain specific dates of anticipated or estimated accomplishment. There is no discussion of a plan to move the patient towards independent psychological functioning or phasing down the treatment to a conclusion. The request appears to exceed treatment guidelines for the most severe symptomology which does not appear to apply in this situation. Because medical necessity of the request is not established, the utilization review determination is upheld.