MAXIMUS Federal Services

Case Number:	CM14-0205810		
Date Assigned:	12/17/2014	Date of Injury:	08/20/2010
Decision Date:	02/11/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/09/2014

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 59 year old female who reported a work-related injury that occurred on August 20, 2010 during the course of her employment for [redacted]. Her last day of work was January 20, 2011 At the time of her injury she tripped over a bar and fell and slammed her head against a wall. The injury resulted in immediate, severe pain to the head and knee joint pain. She is status post cervical laminectomy surgery. She continues to take Cymbalta 30 mg for depression. According to a neurological reevaluation from November 25, 2014 additional diagnostic impression is noted as: history of closed head injury with concussion; cervical strain with cervical disc disease and cervical spinal surgery; clear prominent apraxia of speech, motor movement and apraxia of gait evolving after surgery for cervical fusion on May 2011 and likely intraoperative stroke; difficulty with processing information with episodes of confusion by history with impaired sense of smell and taste by history with some forgetfulness. She been diagnosed with the following psychological disorders: Depressive Disorder, Not Otherwise Specified with Anxiety Moderate in Severity; Cognitive Disorder, not otherwise specified moderate in severity. According to a psychological evaluation December 9, 2014, it was concluded that the patient's cognitive deficits were due to the initial head trauma which was then aggravated by the surgery she underwent. A letter from the patient's primary treating psychiatrist dated December 24, 2014 states that the patient's psychotherapy should be immediately reinstated as it will "cause an extraordinarily adversative impactful stressor on her psychological status and could result in significant deterioration of her psychological stability." She developed depressive disorder not otherwise specified with anxiety due to the stress associated with her orthopedic injuries as well as the dramatic changes in her ability to speak." She is being treated by a psychiatrist and has been receiving psychotherapeutic care by a marriage and family therapist. A handwritten PR-2

progress report from November 17, 2014 indicates that the patient has had a reoccurrence of depression and anxiety and diagnosed her with social phobia and generalized anxiety disorder as well as PTSD. The progress note was partially illegible, there was no clear indication of treatment goals or benefit from prior sessions. A 2nd similar progress note from October 28, 2014 was also found. Additional progress notes from August through October 2014 indicating 8 sessions had been authorized were reviewed. A request was made for psychotherapy one time per week for period of 8 weeks; the request was noncertified by utilization review due to insufficient information with regards to prior treatment quantity, duration and outcome/benefit to the patient. 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, one per week; quantity 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)

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 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 respect to this request for additional psychological treatment, the documentation that was submitted was insufficient in demonstrating medical necessity. Although there was documentation provided reflecting that the patient is struggling with speech and cognitive difficulties as well as depression and anxiety, there was no evidence

documented of benefit derived from prior psychological sessions based on the brief and few psychological notes that were provided. Very few progress notes were provided those that were, were partially illegible and contained insufficient clinical data reflecting treatment goals and therapeutic treatment modalities being used and the patients response to them. There was no comprehensive treatment plan provided with stated goals and anticipated dates of accomplishment nor was there any objectively measured indices reflecting treatment progress. The total number of sessions at the patient is already been provided is unclear. The official disability guidelines recommend for most patients 13-20 sessions if progress is being made and in some cases of severe major depression/PTSD additional sessions up to 50 can be allowed as long as progress is being made. In this case because it is unknown how many sessions the patient is received it is unclear whether additional sessions would fall within these guidelines and the substantiation the progress is being made in the treatment was not meant. Because of these reasons the documentation provided did not established the medical necessity of the request for additional psychological treatment, and therefore the utilization review determination for non-certification is upheld.