

Case Number:	CM14-0205907		
Date Assigned:	12/17/2014	Date of Injury:	08/15/2008
Decision Date:	02/11/2015	UR Denial Date:	11/11/2014
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 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 patient is a 57-year-old female who reported an occupational injury on August 15, 2008. It was noted that she worked for [REDACTED] when she started to experience pain in her upper back, neck, and left shoulder. She has been diagnosed with chronic pain syndrome of the upper left back, neck, and shoulder and sacroiliac joint dysfunction; she is status post right rotator cuff repair and owner nerve surgeries. The patient underwent a psychological evaluation on October 24, 2014. Psychologically, she has been diagnosed with Major Depression, moderate and anxiety disorder not otherwise specified, pain disorder she reports depression, crying, forgetfulness and difficulty concentrating, social withdrawal, irritability, poor sleep. A request was made for individual psychotherapy 12 cognitive behavioral sessions over a six-month frame; the request was partially certified to allow for 4 sessions over 2 months. 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, cognitive behavioral 12 sessions over 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 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. With regards to this requested treatment for 12 sessions of individual psychotherapy, as best as could be determined this appears to be a request for a new/initial course of psychological care. According to the MTUS treatment guidelines an initial brief trial of psychological therapy needs to be provided in order to best determine whether or not the patient is responsive to the treatment being provided. If patient benefit is resultant from the initial brief treatment trial, including objective functional improvement, then subsequent sessions may be offered if medically necessary per MTUS/ODG guidelines. These guidelines specify that a course of treatment consisting of 13-20 sessions may be recommended for most patients contingent upon demonstration of progress being made in the treatment. Treatment progress needs to be assessed as a part of an ongoing process in order to identify treatment failures early and provide alternative appropriate treatment strategies. This request for 12 sessions at the outset of treatment does not take into account this protocol while the utilization review partial certification of 4 sessions does. Therefore the request is not medically necessary.