

Case Number:	CM14-0206573		
Date Assigned:	12/18/2014	Date of Injury:	05/09/2013
Decision Date:	02/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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 medical records, this patient is a 38 year-old female who reported a work-related injury that occurred on May 9, 2013 during the course of her employment by the [REDACTED] in parking enforcement. The mechanism of injury was not documented. Medically, a partial list of her diagnoses include: lumbar muscle strain, cervical spine sprain sequela. According to her primary treating physician, she reports right neck pain that is aching and sharp and right low back pain intermittent and non-radiating psychologically she reports anxiety problems sleeping at night, lack of motivation to leave the house. No documentation was provided with regards to this patient's psychological status in terms of comprehensive psychological reports, evaluations or session treatment progress notes. All information was derived from utilization review records; the medical file submitted for consideration consisted of 27 pages. There was a mention of an evaluation from September 30, 2014 stating that the patient went in and out of depression and hit rock bottom in December 2014 and has completed 6 sessions of treatment (no progress notes provided). She has been diagnosed with: Major Depressive Disorder, Somatic Symptoms Disorder with predominant pain, Female Hypoactive Sexual Desire Disorder Due To Pain and Psychological Factors Affecting Medical Condition. A request was made for 20 sessions weekly of individual psychotherapy between September 30, 2014 and February 24, 2015, the request was non-certified by utilization review. The rationale was stated that the patient has had 6 sessions of treatment and there was no documentation of benefit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

20 weekly sessions of individual psychotherapy between 09/30/2014 - 2/24/2015: 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, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, cognitive behavioral therapy; psychological treatment Page(s):.

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 to the request for 20 sessions of individual therapy, the request was not substantiated as being medically necessary. There are indications that the patient received 6 sessions of treatment to date. There was no documentation regarding the outcome of the sessions. A copy of her initial psychological evaluation was not provided. Current treatment guidelines recommend that after an initial brief trial of treatment additional sessions up to a maximum of 13-20 can be offered if progress is being made in the treatment. It appears that the patient has had the initial treatment trial but there was no additional information regarding patient benefit/outcome additional sessions are contingent upon documented evidence of patient benefit including objective functional improvement. In addition, the patient has presumably had 6 sessions, twenty more sessions would bring the total to 26 sessions in total exceeding the maximum recommended guidelines by six. Because the request exceeds guidelines and there was no supporting documentation provided, the medical necessity was not established, because the medical necessity was not established utilization review decision is upheld.