

Case Number:	CM14-0024403		
Date Assigned:	06/13/2014	Date of Injury:	12/21/2009
Decision Date:	09/01/2015	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This female sustained an industrial injury on 12-21-09. The injured worker was currently receiving ongoing treatment for depression. In a PR-2 dated 1-21-14, the injured worker complained of right wrist pain, gastroesophageal reflux disease, nausea, dizziness, irritability, anxiety, frustration, low energy, crying spells, severe depression, attention and concentration deficits, feelings of heat and sweat, photophobia and memory problems. The physician stated that the injured worker was experiencing moderate to severe levels of psycho-emotional distress with a diagnosis of major depression. The physician recommended twelve (12) initial sessions of cognitive behavioral psychotherapy for symptoms related to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) initial sessions of cognitive behavioral psychotherapy for symptoms related to the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- <https://.acoempracguides.org/Chronic Pain; Table 2, Summary of Recommendations, Chronic Pain Disorders>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 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) allow 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. A request was made for 12 initial sessions of cognitive behavioral psychotherapy for symptoms related to the right shoulder, the request was non-certified by utilization review. The request was noted to be for the treatment of Major Depressive disorder. The rationale provided was stated as: "in reviewing the provided information there was a thought of depression. Likewise there is report of anxiety and cognitive difficulties. It was reported that the claimant was evaluated by a psychologist recommended individual psychotherapy for the claimant. However the evaluation was not submitted for review to obtain a better understanding of the claimant's clinical presentation and necessity for treatment. Likewise, a specific treatment plan was not submitted. A peer to peer consultation was unsuccessful to obtain this type of information. "This IMR will address a request to overturn the utilization review's decision. The provided medical records consisted of approximately 43 pages all of which were carefully reviewed. According the utilization review report a psychological evaluation was completed January 22, 2014 which reflected symptoms of depression at a clinically significant level. This report was not included for consideration among the documents received for this IMR. The provided medical records do not contain significant psychological documentation of the patient's condition. Other than the request for 12 sessions which contained a little bit of psychological data there was no copy presented of the initial psychological evaluation that was conducted. There is also mention of an AME report that recommends psychological treatment, however a copy of this was also not provided for consideration. The request for 12 sessions is not consistent with industrial guidelines for psychological treatment. Both the MTUS and the Official Disability Guidelines recommend an initial brief treatment trial

consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions (ODG). This request is for 12 sessions which exceeds the recommendations for an initial brief course of psychological treatment. The industrial guidelines suggest an initial brief course of psychological treatment in order to ensure that the patient is benefiting from the treatment modality which would allow for adjustments to be made if necessary and appropriate. Because this request is not supported by sufficient documentation (initial psychological evaluation, or copy of AME) were information regarding any prior psychological treatment if any has occurred since the time of her injury on an industrial basis, and because the request exceeds guidelines for an initial brief treatment trial, the medical necessity of this request was not established in the utilization review decision is upheld. This is not to say that the patient does not, or does, require psychological treatment, only that the request with the provided documentation is not medically necessary or established.