

Case Number:	CM14-0210281		
Date Assigned:	12/23/2014	Date of Injury:	08/15/2005
Decision Date:	02/17/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/15/2014

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 63 year old female who reported a work-related injury that occurred on 8/15/2005. The injury occurred while she was assisting and moving a patient and the patient went down abruptly taking her down as well. She has had 2 falls while at work while assisting patients as well as continuous "wear and tear" on her body. Past treatment has included psychological care, psychiatric care and surgical interventions. She reports pain to her mid and low back, right hip and right leg numbness. She has been diagnosed with lumbar disc degeneration, fibromyalgia, and is status post anterior and posterior fusion July 2007. She reports anxiety, depression, sleep problems, fatigue, and has been diagnosed psychologically with Major Depressive Disorder, moderate, and PTSD. The PTSD are reported to have resulted from a medical procedure. According to a treatment progress note from her primary treating psychologist October 8, 2014 twice monthly outpatient psychotherapy treatment from November 1, 2014 through January 15, 2015 (5 additional sessions) are needed to increase insight and understanding into PTSD, to increase pain management skills, coping, reduced depression and anxiety, and assist the patient and increasing her activities of daily living and self-efficacy. She is reported to have continued episodes of intense anxiety associated with post-traumatic stress disorder. Including flashbacks and overwhelming anxiety confronted with triggers or people that reminded her of the reactions she had in the hospital from anesthesia there is also been an increase in depression and anxiety since she discontinued taking Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy; see also psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, 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 (up to 6 sessions ODG) 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 allow somewhat more of an extended treatment and recommend 13-20 sessions maximum for most patients who are making progress in their treatment; in some unusually complex and severe cases of Major Depression (severe intensity) and/or PTSD up to 50 sessions if progress is being made. With respect to this patient's treatment, the psychological and psychiatric progress notes that were submitted were insufficient in demonstrating the medical necessity of additional treatment sessions. There was no evidence that she had benefited from prior psychological sessions based on the psychological notes that were provided. There was no detailed discussion of her the total number of sessions and duration of treatment that the patient has already been provided. Although there were some treatment goals mentioned there were no specified dates of expected accomplishment, nor was there evidence that prior treatment goals had been set and met based on previous psychotherapy treatment. Continued psychological treatment is contingent not solely upon patient symptomology but also documentation of patient benefit from prior treatment including but not limited to objective functional improvements as well as the total number of treatment sessions being consistent with treatment guidelines. According to the MTUS/official disability guidelines, most patients may have a maximum of 13 to 20 sessions but in some cases of severe depression or PTSD up to 50 total maximum may be provided. Because the patient's total length of treatment already provided was not known, it is unclear whether or not additional treatment can be offered and still be consistent with these suggested guidelines. Given that the patient was injured over 9 years ago and there are indications of prior psychological treatment in 2007, it appears likely she has already received the maximum quantity suggested. Therefore the medical necessity of this request was not established and request to overturn the utilization review original decision of non-certification is not approved.