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| Case Number: | CM14-0217999 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 12/15/2010 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 11/25/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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:

The injured worker is a 47 year old female who sustained an industrial injury on 12/15/2010. Current diagnoses include adjustment disorder with mixed anxiety and depression, psychological factors affecting medical condition, and female hypoactive sexual desire disorder due to pain. Previous treatments included medication management, therapy, yoga, massage, chiropractic therapy, and prior psychotherapy. Report dated 08/01/2014-08/31/2014 noted that the injured worker presented with complaints that included depression and anxiety. Objective findings included major depression, emotional numbness and anxiety. The physician noted that the injured worker needed ongoing services. Documentation submitted indicates that the injured worker have been receiving psychotherapy since 04/01/2014 through 08/31/2014, and has completed approximately 14 sessions. Utilization review performed on 11/25/2014 non-certified a prescription for individual psychotherapy session 1 x 20, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy sessions, once weekly for twenty weeks: 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), Cognitive Behavioral Therapy (CBT) Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Cognitive Behavioral Therapy for Chronic Pain; see also Psychological Treatment Page(s): 23-24; see also 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, March 2015 Update.

Decision rationale: Citation: 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) 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 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 additional sessions up to 50 can be authorized in some cases if patient is making progress in treatment and if continued treatment is determined to be medically necessary. Decision: According to the official disability guidelines, patients who have psychological disorders may receive a recommended maximum of 13-20 sessions. This request is for 20 sessions. It is unknown the exact quantity of sessions at the patient is had to date however it appears that she has had at least 14 at a very minimum. The request therefore would bring the total to 34 exceeding the maximum recommended session quantity. The provided treatment progress notes do not provide sufficient documentation of objective functional improvement based on prior sessions. Essentially no treatment progress notes were provided with active treatment plans and indications of progress toward specific treatment goals and estimated dates of accomplishment for future goals. There's no discussion whatsoever with regards to patient making progress in treatment in the minimal medical records that were provided. Continued psychological care is contingent upon all 3 of the following factors being completely and thoroughly documented: evidence of ongoing patient psychological symptomology, substantial patient benefit from prior treatment sessions including objectively measured functional improvements, and that the total quantity of sessions is consistent with the MTUS/official disability guidelines. None of these factors were adequately documented or discussed in the records that were provided. For these reasons the medical

necessity of the request is not established in the utilization review determination for non-certification is upheld.