

Case Number:	CM15-0000003		
Date Assigned:	01/09/2015	Date of Injury:	04/18/2014
Decision Date:	03/19/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/31/2014

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 40 year old female, who sustained an industrial injury on 04/18/2014. She has reported that she was assaulted by being punched in the face with loss of consciousness for five seconds. Diagnoses include cervical spine strain/strain, post traumatic headache with history of concussion and facial contusion/trauma, nose contusion, and acute stress disorder. Treatment to date has included psychotherapy and cognitive biofeedback, acupuncture, and medication regimen. In a progress note dated 12/01/2014 the treating provider reports that the injured worker continues to have anxiety and flashbacks. The treating physician requested individual psychotherapy due to the injured worker's ongoing symptoms. On 12/10/2014 Utilization Review modified the requested treatment for individual psychotherapy weekly times twenty weeks to weekly individual psychotherapy sessions times six, noting the Official Disability Guidelines: Mental Illness and Stress regarding Cognitive Therapy for Depression and Psychotherapy Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy weekly times 20 wks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress

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 Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 2014 update

Decision rationale: Citation: According to the provided medical records, the patient has been actively participating in psychological treatment. The total number of sessions at the patient has already received to date is unclear. There are however indications of at least 13 prior sessions, perhaps more. 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 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. Decision: According to the official disability guidelines for psychological treatment, most patients can have a maximum course of treatment consisting of 13-20 sessions. This request for 20 sessions represents the maximum recommended for most patients without taking into account prior treatment sessions. Although in some courses of psychological treatment for severe major depression or PTSD additional sessions up to 50 can be authorized if patients are making progress in their treatment as exemplified by the documentation of significant patient benefit including objectively measured functional improvements (e.g. increased ADL, decreased dependency on future medical care, decrease work restrictions if applicable). Regardless, there is a need for ongoing monitoring of treatment progress during the process to ensure that the patient is benefiting from the therapy. This request for 20 sessions is excessive as it represents the typical maximum for most patients and does not allow for that ongoing process. Utilization review to allow for a modification of the request from 20 sessions to 6 sessions. This is an appropriate modification that was offered by utilization review. Because of this reason, the request to overturn the utilization review determination is not approved.