

Case Number:	CM15-0004262		
Date Assigned:	01/15/2015	Date of Injury:	08/01/2012
Decision Date:	03/11/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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 42 year old female who suffered a work related injury on 08/01/12. Per the physician notes form 12/17/14, she states that she has been feeling very depressed and angry. She states the pain does not allow her to function and this causes increased problems in the family. A diagnosis is not listed on the notes. Per the UR, she had been treated with acupuncture, physical therapy surgery, an unspecified number of individual psychotherapy sessions, and medications. The treatment plan includes cognitive behavioral individual psychotherapy and psychiatric consultation. The Claims Administrator non-certified these treatments on 12/29/14, MTUS and ODG guidelines. The requested treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines. December 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 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 up to 50 sessions, if progress is being made. In this case, the request for cognitive behavioral group psychotherapy 6 sessions is not supported by the documents provided for this review the patient has received an unknown quantity of sessions to date. Continued psychological treatment is contingent upon the following factors: significant patient symptomology, evidence of patient benefited from prior treatment sessions including documented evidence of objective functional improvement, and that the total quantity of sessions provided is consistent with the above stated guidelines. Although there were a few handwritten individual progress notes that were marginally legible, it was not possible to determine from these notes how much treatment she has received and information regarding outcome/patient benefit is limited. Treatment goals are listed including decreasing the frequency and intensity of depression, anger and irritability, anxiety, with improvement of stress management skills sleep, and rational thoughts about pain and stress. However, there is no indication of significant and improvement and progress in reaching these goals. In addition the goals do not meet the criteria of objective functional improvement. Treatment progress is written generically in the progress notes as "improvement of mood with treatment and decreased frequency and intensity of symptoms" and repeated from month-to-month with little change. Because of these reasons the medical necessity of the request is not established and therefore the utilization review determination for non-certification is upheld.

Psychiatric consultation and office visit: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B: Referral.

Decision rationale: Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. With regards to this request, the patient has been participating in psychiatric treatment. According to a treatment progress note from December 17, 2014 it is noted that the patient is reporting that she is feeling very depressed and angry and that she is in need of psychotropic medication and psychiatric evaluation for chronic severe depression, anxiety, insomnia. There are indications in other progress notes of the patient having panic attack and receiving pain medication from different physicians. Therefore, the request for a psychiatric consultation/office visit appears to be appropriate, reasonable and medically necessary.