

Case Number:	CM15-0007028		
Date Assigned:	02/23/2015	Date of Injury:	05/20/2013
Decision Date:	04/08/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/13/2015

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:

This 45 year old woman sustained an industrial injury on 5/20/2013. The mechanism of injury is not detailed. Treatment has included oral medications. Physician notes from the psychiatrist dated 10/22/2014 show primary diagnoses remaining as adjustment disorder with mixed anxiety and depressed mood. Recommendations include six monthly psychotropic medication management sessions and eight weekly psychotherapy sessions. On 12/12/2014, Utilization Review evaluated a prescription eight weekly psychotherapy sessions that was submitted on 1/6/2014. The UR physician noted that psychotherapy has been proven to be helpful in reducing psychological problems and pain. However, there is no documentation of past treatment, therefore a trial will be approved. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 weekly psychotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102, see also 23-24. Decision based on Non-MTUS Citation ODG Mental Illness and stress chapter, 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 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. The request was made for 8 weekly psychotherapy sessions it was determined by utilization review that psychological treatment would likely be helpful in necessary however the request was modified downward to allow for 4 weekly psychotherapy sessions. According to a psychological reevaluation from November 24, 2014, the patient was originally seen for psychological in psychiatric treatment beginning July 10, 2013 due to a history of stress and interpersonal conflict in the course of her employment for [REDACTED] restaurant when she developed significant emotional distress and stress-related physical symptoms and placed on a medical leave of absence and has not returned to work. Esophagus constriction requiring a balloon to be inserted and scraping to improve the passageway. Prozac and Ativan were prescribed but discontinued due to side effects and she is not currently taking any medication and continues to report poor sleep and anxiety about work and future with a pending upcoming psychiatric appointment to determine whether additional medications should be tried. She reports persistent depressed mood and anxiety. It appears that the patient has been participating in psychotherapy. There is a note in this report that states that "she has not had the benefit of a full course of psychotherapy due to authorization issues." Continued psychological treatment is contingent upon comprehensive documentation of medical necessity as evidenced by all 3 of the following issues being adequately addressed: evidence of significant ongoing patient psychological symptomology, total quantity of sessions consistent with MTUS/official disability guidelines, and documented evidence of substantial patient benefit from prior treatment sessions including objectively measured functional improvement. Guidelines for subsequent sessions include 13 to 20 sessions in most cases with documentation of patient benefit; in some cases of severe major depressive disorder/PTSD additional sessions may be available if medically

necessary. All of the documentations that were provided for consideration for this IMR were carefully reviewed. The documentations consisted of very little psychological information regarding this patient other than a comprehensive psychological re-evaluation. The patient clearly has had some psychological treatment however the quantity of sessions is unknown. No treatment progress notes were provided whatsoever for consideration. It's unclear how much treatment she has received. It is also unclear what is being addressed in the treatment. There was no treatment plan with specific goals and estimated dates of accomplishment provided for consideration. There is no indication of patient benefit from prior treatment. Without documentation of the total quantity of sessions that the patient has been receiving and evidence of significant patient benefit from those sessions, the medical necessity of additional sessions cannot be established. For this reason, the request to overturn the decision utilization review non-certification is upheld.