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| Case Number: | CM15-0008518 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 10/28/2010 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 01/06/2015 |
| Priority: | Standard | Application Received: | 01/15/2015 |

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 35 year old male, who sustained an industrial injury on October 28, 2010. He has reported a traumatic brain injury and orthopedic injuries. The diagnoses have included depressive psychosis moderate, sprain cruciate ligament of the leg, other adjustment reaction, joint pain of the left leg, brachial neuritis, prolonged post-traumatic stress, psychogenic pain, concussion with coma and psychogenic disorder. Treatment to date has included left knee anterior cruciate ligament reconstruction, hardware removal, physical therapy, spinal traction, medications, hot/cold packs, knee brace, injection, psychiatric evaluation and medication, memory rehabilitation and speech therapy, and cognitive behavioral therapy for post-traumatic stress disorder. Currently, the injured worker reported recent losses in his life and complained of syncope with loss of consciousness. He did not respond to Botox and the evaluating physician recommended consultation with another neurologist. The evaluating physician reported a consistency with increased anxiety and recommended that the injured worker continue cognitive behavioral therapy one time per month over the next four months. On January 6, 2015 Utilization Review non-certified a request for six sessions of psychotherapy, noting that the injured worker's depression is classified as moderate, there were no current symptoms of PTSA noted and specific functional improvement related to previous therapy was not documented. The California Medical Treatment Utilization Schedule was cited. On January 15, 2015, the injured worker submitted an application for IMR for review of six sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Psychotherapy for 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological treatment; see also cognitive behavioral therapy. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, February 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 up to 50 sessions, if progress is being made. Decision: According to a PR-2 progress report from his primary treating medical physician from October 6, 2014 "patient continues in therapy with [REDACTED] and finds this helpful for him." He continues to report having cognitive issues and poor sleep but that medications are helping. Regarding his mood he says "I'm trying to stay strong" A nearly identical treatment progress note was found from August 25 from the same provider. Noting that he feels "some improvement in his mood but is encouraged to establish a routine to deal with not working and feeling unproductive." Several psychological treatment progress notes from the providing psychologist [REDACTED] were found. On July 21, 2014 there is a treatment note discussing the patient's medical situation and noting intermittent spikes and anxiety with some triggers and severe night sweating. The treatment plan is described as: you cognitive behavioral therapy 2 times a month per current authorization and monitor medications affects associated with his psychiatrist and that there is a need to have his knee brace replaced. Psychological treatment progress notes are found throughout much of 2014 and into February 2015, but it is unclear when the treatment started and how much treatment the patient has received and what benefit if any has been derived from the treatment in terms of objectively measured improvements. No data was presented reflecting patient benefit from treatment in terms of

objectively measured symptomology changes. Continued psychological treatment is contingent upon all 3 of the the following: significant patient psychological symptomology, total duration of treatment conforming with the above stated MTUS/official disability guidelines in terms of quantity of sessions, and documentation of significant patient benefit as a result of treatment including objective functional improvement (e.g., ADL increase, decrease in dependency on future medical care, and decrease in work restrictions if appropriate). The medical records that were provided for this review do not meet the standard of medical necessity of the request due to insufficient documentation of the total quantity of sessions that have been provided and inadequate review of patient benefit from prior treatments. This is not to say that the patient does, or does not, need further psychological care only that it was not substantiated by the documentation provided. Due to insufficient documentation the medical necessity could not be re verified and because of this the utilization review determination for non-certification is upheld.