

Case Number:	CM15-0101244		
Date Assigned:	06/03/2015	Date of Injury:	03/15/2012
Decision Date:	07/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/26/2015

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 55 year old female sustained an industrial injury to the neck and back during an assault on 3/15/12. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, massage, psychological care and medications. Past medical history was significant meningitis with subsequent ongoing anxiety and depression. In a PR-2 dated 5/13/15, the injured worker reported feeling less depressed and anxious. The injured worker was working full time. The treatment plan included continuing medications (Lexapro, Tamux and Risperdal). In a PR-2 dated 4/30/15, the injured worker reported that she still had nightmares, fears and back pain. The physician noted progress was evident with decreased anxiety and depression and less progressively intense posttraumatic stress symptoms. Current diagnoses included post traumatic stress disorder and single major depressive disorder. The treatment plan included individual psychotherapy with biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy weekly for 12 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, 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 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: A request was made for individual psychotherapy weekly for 12 weeks, the request was modified by utilization review to allow for 6 sessions with the following rationale provided: "...(the patient) has returned to work and her depression is improving. She does have combined diagnosis of PTSD and depression and while there is no extensive detail regarding her progress in psychotherapy returned to work on March 4, 2015 is a clear example of objective functional improvement. Thus the request for individual psychotherapy 12 weeks will be modified to individual therapy for 6 weeks." This IMR will address a request to overturn the utilization review decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. According to a comprehensive evaluation, the patient was recommended to have 18 to 36 sessions of individual psychotherapy on September 12, 2014. It is not clear how many of the sessions she has received. It appears that she first started psychological treatment in July 2012. The total quantity of sessions that the patient has received to date could not be determined from the provided medical records. The provided medical records did not contain any specific psychological treatment progress notes from the patient's primary treating psychologist. Due to the inability to determine or estimate total quantity of sessions that the patient has received to date it was not possible to determine whether or not this request for 12 additional psychological treatment sessions exceeds the recommended guidelines as stated above. In addition, because there were no psychological treatment progress notes from the providing therapist based on prior treatment there was not sufficient detail regarding prior progress that has been a direct result of her prior

psychological treatment nor is there a specific treatment plan with stated goals and estimated dates of accomplishment for this patient. In the absence of provided psychological treatment progress notes and treatment plans the medical necessity of 12 additional sessions is not established and therefore the utilization review determination is upheld. The request is not medically necessary.

Psychiatric Consultation for Medications monthly for 10 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Edition Mental Illness & Stress Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. Decision: a request was made for psychiatric consultation for medications monthly for 10 months, the request was modified by utilization review for one visit with the following provided rationale: "given that there is a lack of data regarding (the patient's) psychotropic medications, the request for a psychiatric consultation and medications for 10 months will be modified to one visit. This will allow her prescribing physician to indicate the rationale for monthly medication visits into detail her use of psychotropic medications response, side effects, and overall medication management treatment plan. The request for psychiatric consultation and medications once a month for 10 months is modified to one visit."The request for 10 months of psychiatric consultation is not medically necessary due to excessive quantity and duration of the request. Although psychiatric consultation appears to be appropriate for this patient based on her medical records, the necessity of psychiatric treatment for 10 months needs to be established based on medical need. Often psychiatric patients can be sustained, once stabilized on a psychotropic medication regime, on a less frequent schedule than monthly. In addition, there is a need to demonstrate medical necessity based on the patient's response to psychotropic medication trials and side effects. While complex cases of psychiatric illness may require more frequent visits, once the patient is stabilized the necessity for monthly visits would need to be established -based on the medical records provided this is not the case. Because the medical necessity of the request has not been established, the utilization review determination is upheld. The request is not medically necessary.