

Case Number:	CM15-0103121		
Date Assigned:	06/05/2015	Date of Injury:	05/31/2011
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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 49-year-old male, who sustained an industrial injury on 5/31/11. He has reported initial complaints of burn injuries to hands, neck, ears and lower legs with left knee and low back injury. The diagnoses have included prolonged post-traumatic stress syndrome, second degree burn of head, second degree burn of palm, second degree burn of finger, left knee pain, low back pain and severe traumatic exposure suffered on 5/31/2011. Treatment to date has included medications, wound care, left knee arthroscopy surgery, off of work, and Cognitive Behavioral Therapy (CBT). Currently, as per the physician initial intake report note dated 5/6/15, the injured worker complains of chronic constant left knee pain and low back pain. He reports a pre-existing history of mild depression. He reports having unwanted recollections of the trauma, visual flashbacks, exaggerated startle response, hyper-responsiveness when exposed to reminders, hypervigilance, sleep disturbance and generalized anxiety. He claims that the symptoms have escalated in the past year. The mental status exam reveals appropriate affect, anxious mood, speaking speed was slow to accelerated, and he scored well below the average range in the number of digits he could recall which is an index of attention and short term memory. The current medications included Pristiq, Lamictil, and Diazepam. The physician requested treatments included Psychotherapy 24 visits and Eye Movement and Desensitization and Reprocessing (EMDR) 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 24 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines.

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: Citation Summary: 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. 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. The provided psychological treatment progress notes do not reflect the total quantity of sessions at the patient has received to date. According to a treatment progress note from February 13, 2015 the patient is reported to be relatively stable with no suicidal or homicidal ideations and good insight, cognition and impulse control. The treatment progress note reflects the use of breathing and cognitive behavioral therapy skills as well as general treatment planning and nutritional supplementation to address anxiety and sleep. The treatment progress note did not discuss progress to date that has been achieved as a direct result of treatment provided. The medical necessity of the request for 24 psychotherapy visits is not established by the provided documentation. The request is excessive in quantity. Assuming that the sessions were to be held one time per week (there's no indication in the medical records provided that they would be held more frequently)

this would represent the equivalent of 6 months of treatment. The official disability guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions maximum for most patients in cases of extremely severe major depressive disorder or PTSD additional sessions up to 50 maximum can be authorized. The patient does have a diagnosis of PTSD and an extended course of psychological treatment may be appropriate. However in order to authorize additional sessions the following information would be needed: total quantity of sessions received and detailed information regarding objectively measured functional improvement as a result of prior treatment sessions (e. g. Increased activities of daily living, reductions in work restrictions, increased in socialization/exercise, decreased reduction in dependency on medical care etc). The provided treatment medical record do not establish the medical necessity as these issues were not addressed. In addition, quantity of sessions being requested is excessive as the official disability guidelines discuss the need for ongoing monitoring of patient's progress/benefit from treatment; a six-month course of 24 sessions would not adequately allow this to occur. In addition the total quantity of sessions that the patient has received to date could not be estimated or adequately determined. According to a evaluation from April 5, 2013 the patient has been receiving psychological treatment on a once weekly basis, And therefore it is reasonable to assume that he has received a substantial quantity of treatment to date. For this reason the medical necessity the request is not established and therefore the utilization review determination for non-certification is upheld.

Eye Movement and Desensitization and Reprocessing (EMDR) 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Topic: Eye movement desensitization & reprocessing (EMDR). March 2015 update.

Decision rationale: CA-MTUS guidelines do not address the use of Eye Movement Desensitization and Reprocessing (EMDR) or the use of Internet-based EMDR (iEMDR). The official disability guidelines (ODG) do address the issue: Recommended as an option. Eye movement desensitization and reprocessing (EMDR) is becoming a recognized and accepted form of psychotherapy for posttraumatic stress disorder (PTSD). Yet, its mechanism of action remains unclear and much controversy exists about whether eye movements or other forms of bilateral kinesthetic stimulation contribute to its clinical effects beyond the exposure elements of the procedure. The medical necessity the requested treatment is not established by the provided documentation. According to a December 10, 2014 treatment progress note it is noted that the patient has been participating in psychological treatment for PTSD since November 6, 2013. It is not clear how much EMDR the patient has received to date but it appears that he has been receiving this treatment modality for a minimum of 12 sessions. Without knowing the total quantity of sessions already provided and having more detailed information regarding objectively measured functional indices of improvement it directly resulted from this treatment modality additional sessions are not indicated at this juncture due to insufficient information supporting the request. No treatment progress notes regarding prior use of EMDR, including detailed descriptions of the treatment progress and outcome and session quantity, were readily found in the provided medical records. Because of this reason the medical necessity the request is not established and therefore the utilization review determination for non-certification is upheld.