

Case Number:	CM15-0108154		
Date Assigned:	06/12/2015	Date of Injury:	09/12/2007
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/04/2015

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 female, who sustained an industrial injury on 9/12/07. She reported pain in her lower back after lifting a heavy object. She subsequently developed depression from the pain and inability to work. The injured worker was diagnosed as having depressive disorder not otherwise specified with anxiety. Treatment to date has included cognitive behavioral therapy, lumbar epidural injections, psychological tests, anti-depressant medications. In 2011, the injured worker attempted suicide and was given individual psychotherapy for six to seven months. As of the PR2 dated 4/14/15, the injured worker reports depressed mood and anxiety. She is not sleeping well due to the pain in her back and legs. The treating physician noted that the injured worker appears frustrated, angry, irritable and depressed. The injured worker scored a 22/61 on the Hamilton Depression Rating Scale indicating severe symptomology indicative of a possible depressive disorder. The treating physician requested peer to peer psychotherapy x 24 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peer to peer psychotherapy once weekly, quantity: 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

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 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. 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 including objectively measured functional improvements. A request was made for 24 additional sessions of psychotherapy to be held one time per week. The request was non-certified by utilization review of the following provided rationale: "Based on Clinical Information Submitted for This Review and Using the Evidence-Based, Peer-Reviewed Guidelines Referenced above although the provider noted an improvement in symptoms following the initial trial there was no evidence of objective functional improvement. An additional 24 sessions would greatly exceed guideline recommendations." This IMR will address a request to overturn the utilization review decision. The medical necessity of the request is not established by the provided documentation. The reason why is because the request is excessive in treatment session quantity. In a psychological treatment summary from January 6, 2015 the requesting provider incorrectly indicates that patients should be offered 13 to 20 sessions including an additional initial treatment trial of 6

visits for a total of 26 sessions however the guidelines do not state this in fact they state that 13 to 20 sessions should be offered contingent upon the establishment of medical necessity as evidenced by objectively measured functional improvements as a result of prior treatment. This request for 26 sessions is excessive given the fact that she is already received an unknown but significant quantity of treatment. In order for additional sessions to be authorized the following information would be needed: total quantity of sessions received to date since the time of her injury and a detailed description of objectively measured functional improvements that have been derived directly as a result of prior treatment. Because there is also an established need to assess ongoing progress during the course of treatment a request for 26 sessions is excessive and does not allow for the ongoing process of measuring and establishing continued medical necessity during the course of psychological treatment being provided. Because of this reason the request is not found to be medically necessary. This is not to say that the patient does not require additional psychological treatment, only that the medical necessity of this particular request was not established and therefore the utilization review determination is not medically necessary.