

Case Number:	CM15-0109411		
Date Assigned:	06/16/2015	Date of Injury:	06/02/2011
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/05/2015

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 36-year-old female with an industrial injury dated 06/02/2011. The injured worker's diagnoses include major depression and panic attacks, exacerbation, with recent suicidal attempt. Treatment consisted of diagnostic studies, prescribed medications, psychological evaluation and periodic follow up visits. In a progress note dated 03/16/2015, the injured worker attempted suicide on 3/2/2015. The injured worker reported increased depression and decreased focus. The injured worker reported Seroquel and Cymbalta are allowing for activities of daily living. Objective findings revealed severe distress due to pain, sobbing, crying, anxiety and depression. The treating physician prescribed services for cognitive behavioral psychotherapy 1 time a week for 12 weeks and 8 sessions of psychiatric consultation now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral psychotherapy 1 time a week for 12 weeks: Upheld

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

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. Decision: A request was made for cognitive behavioral psychotherapy one time a week for 12 weeks; the request was modified by utilization review to allow for 4 psychotherapy sessions with the following provided rationale: "Four sessions are appropriate to help the claimant with her chronic pain related psychological symptoms. Therefore, the requested cognitive behavioral psychotherapy once a week for 12 weeks is not medically necessary however four psychotherapy sessions are." According to a neurological reevaluation 3/16/15 the patient attempted suicide on March 2, 2015 and was admitted to the hospital having taken an overdose. It is noted that "approved psychiatric consultation is not yet scheduled. Patient is receiving approved psychotherapy. The patient is continuing being very depressed, she complains of decreased focusing. Today she denies suicidal ideations. Seroquel and Cymbalta are allowing for activities of daily living, taking care for children sleep. The patient previously tendons to commit suicide in July 2014." According to a prior and similar neurological reevaluation from December 17, 2014 "the patient received an approval for psychotherapy on the appointment with [REDACTED], psychiatrist is scheduled for 12/23/14." 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. The patient appears to be in need of psychological and psychiatric treatment based on reported levels of psychological symptomology. It appears from the medical records that the patient has been authorized and probably has been receiving cognitive behavioral psychotherapy treatment. However, the provided medical records do not contain any psychological treatment progress notes from the primary treating psychologist/therapist. Although psychological treatment sessions appear to be indicated based on her psychological symptomology without documentation of patient's prior

treatment in terms of session quantity as well as information regarding patient benefit from psychological treatment the medical necessity of this request could not be determined. As mentioned above all requests for psychological treatment must have supporting documentation including information regarding the treatment quantity as well as efficacy (measured objectively). Because no psychological treatment information and documentation was provided for, consideration other than what was referred to in reports from other doctors the medical, necessity of this request could not be established and therefore the utilization review determination is upheld. It should be noted, however, that this decision is based on insufficient documentation provided by the treating psychologist and is not a statement on the patient's overall need for psychological treatment only that due to insufficient documentation medical necessity was not medically necessary.

Psychiatric consultation 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B, Referral.

Decision rationale: According to the ACOEM specialty, referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. Decision: A request was made for 8 sessions of psychiatric consultation, the request was modified by utilization review to allow for one session of psychiatric consultation and one follow-up session today evaluate the claimant's candidacy for psychiatric medications. This IMR will address a request to overturn the decision by utilization review to modify the request. Decision: The need for psychiatric evaluation/consultation and follow-up is supported by the ACOEM guidelines and appears to be medically appropriate and necessary for this patient. However, no psychiatric treatment progress notes were provided for consideration regarding this request. Because of this, it is not clear whether or not the patient has received any prior psychiatric treatment on an individual outpatient basis for her industrial related injury, although she is being prescribed psychiatric medication currently. Although the request for psychiatric consultation is appropriate, this request for 8 sessions, assuming that sessions are held one time per month would be the equivalent of 8 months of psychiatric care, appears to be excessive in treatment duration in light of the absence of a psychiatric active treatment plan. Ongoing documentation of patient benefit/progress as well as medical necessity for continued psychiatric treatment is needed. Upon completion of the utilization, review authorized modification of this request; documentation regarding a psychiatric treatment plan would be needed to support the medical necessity of continued additional sessions. In the absence of any documentation regarding prior psychiatric treatment from the primary treating psychiatrist including an active and current treatment plan for this patient, the request for 8

sessions is excessive and therefore not medically necessary solely on that basis. Therefore, the utilization review determination is upheld. This is not to say that the patient does not require psychiatric treatment only that the medical necessity of this particular request is not medically necessary by the provided in limited documentation.