MAXIMUS Federal Services

Case Number:	CM15-0019564		
Date Assigned:	03/20/2015	Date of Injury:	08/10/2009
Decision Date:	04/17/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/02/2015

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 was a 52 year old male, who sustained an industrial injury, August 10, 2009. The injured worker previously received the following treatments toxicology laboratory studies, preliminary psychological evaluation. The injured worker was diagnosed with depressive disorder, anxiety and depression exacerbation. According to progress note of October 28, 2014, the injured workers chief complaint was depressive disorder. On this occasion the injured worker presented as temporarily partially disabled from a psychological point of view. The injure worker wanted a course of cognitive behavioral psychotherapy with a focus on buttressing of coping skills and elevation of depressed mood. The injured worker warranted psychotrophic medication. The treatment plan included 14 cognitive behavioral psychotherapy sessions, the other 10 sessions over 10 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 Cognitive Behavioral Psychotherapy Sessions, then another 10 Sessions over 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Guidelines Page(s): 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, March 2015 update.

Decision rationale: Citation Summary: Citation Summary Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. 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. Determination: According to the official disability guidelines, the recommended course of psychological treatment should consist of 13-20 sessions for most patients. In some cases, with a diagnosis of severe major depression or PTSD additional sessions up to 50 maximum can be offered. This would be contingent upon medical necessity and documentation of patient benefit from prior treatment sessions including objectively measured functional improvement. Continued psychological treatment is contingent upon establishment of medical necessity which typically includes all three of the following: evidence of patient benefit from prior psychological treatment sessions, significant patient psychological symptomology that warrants continued treatment, and total quantity of sessions being consistent with official disability/MTUS guidelines. In addition, it is noted that the clinician is responsible to document ongoing progress during the course of treatment. This request is for 14 cognitive behavioral therapy sessions and then an additional 10 sessions for a total of 24 sessions, thus the request exceeds the recommended treatment guidelines. Utilization review did authorize a short treatment trial of 4 sessions in order to determine patient benefit from treatment. The patient's prior psychological treatment history since the date of his injury in 2009 is unknown and this information is needed in order to determine whether or not the patient has already received psychological treatment and if so the extent of his benefit from it, if any has been provided. The patient is noted to be having significant symptoms of Major Depression that includes tearfulness and passive suicidal ideation. The medical necessity of psychological treatment does appear to be established for this patient at this time. The issue at hand is the quantity of sessions being requested. Because the request is

determined to be excessive in quantity and does not allow for the ongoing assessment of medical necessity, the request itself is not found to be medically necessary based on this factor. This is not to say the patient does, or does not need psychological treatment, only that the request was not found to be medically necessary based on excessive quantity. Because medical necessity was not established the utilization review determination is upheld.