

Case Number:	CM15-0130469		
Date Assigned:	07/16/2015	Date of Injury:	08/01/2007
Decision Date:	08/12/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/07/2015

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 38-year-old male with an industrial injury dated 08/01/2007. The mechanism of injury is documented as a fall with injury to low back and neck. Her diagnosis was major depressive disorder, moderate, improved. Prior treatment included diagnostics, physical therapy, lumbar epidural and psychotherapy. She presented on 05/26/2015 for follow up. She had difficulty talking about the events associated with her employment. She felt she was victimized and demoralized by implications that she was lazy and did not want to work. She had worked 14-16 hours per day before she was injured. She had been attending yoga, which had been helpful with relaxation, stretching, muscle spasms and back pain. She noted she continued to struggle with feelings of depression, anxiety, reduced feelings of self-esteem and self-efficacy. She appeared agitated and tearful at the visit. Treatment plan included outpatient psychotherapy twice monthly (4 sessions) to reduce depression and anxiety symptoms, to assist her in reestablishing coping mechanisms, feelings of self-efficacy and self-esteem and to assist her in developing a plan to return to the workforce in the future. The treatment request is for EXT Psychotherapy times 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT Psychotherapy x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Official Disability Guidelines (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: A request was made for psychotherapy x4 sessions; The request was non-certified by utilization review with the provided rationale: "Injured worker has had unknown number of prior similar sessions and lack of documented sustained functional improvement and lack of new hard clinical indications for need for additional sessions." This IMR will address a request to overturn the utilization review decision. According to a treatment progress note from the patient's primary treating clinical psychologist April 8, 2015, it is noted that the patient "has been continuing in treatment and is very motivated to learn and practice cognitive and behavioral goals formulated in treatment." It is reported that she has paid for her own gym membership and has been making benefit from a water exercise class and continues to be very depressed and anxious and intermittently tearful with pain and difficulty on certain days and not be able to function. Is also reported that she has "clearly had benefit from cognitive and behavioral as well as supportive interventions." Continued psychotherapy is requested of the twice monthly frequency through June 2015 to reduce depression anxiety and a sister reestablishing coping mechanisms, pain management and stress management techniques as well as developing a plan to return to the workforce in the future." A second and similar treatment progress note from February 26, 2015 was found. 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 medical necessity the requested treatment is not established by the provided documentation. It is not clear to what extent patient has received prior treatment. There is no indication whatsoever provided discussing how much treatment the patient has received to date since the time of her industrial injury. Therefore could not be determined whether for additional sessions would

exceed guidelines or not. In addition, although there are subjective reports of improvement from treatment there are no objective measures of increased functionality as a direct consequence of prior psychological treatment. Although there are some goals discussed there is no active treatment plan with stated dates of accomplished goals in the past or anticipated dates of goals to be accomplished in treatment. Therefore, the request for additional sessions is not supported by the documentation provided in the utilization review decision is not medically necessary.