

Case Number:	CM15-0131637		
Date Assigned:	07/20/2015	Date of Injury:	06/13/2013
Decision Date:	08/17/2015	UR Denial Date:	06/24/2015
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 40 year old male with an industrial injury dated 06/13/2013. The injured worker's diagnoses include major depressive disorder, recurrent, unspecified anxiety disorder and somatic symptom disorder with pain in joint shoulder, neck pain, joint upper arm, and joint forearm. Treatment consisted of diagnostic studies, prescribed medications, four psychotherapy sessions and periodic follow up visits. In a progress note dated 05/20/2015, the injured worker reported pain primarily in his right arm, headache and neck pain. The treating physician reported that the injured worker suffers severe depression and anxiety. Objective findings revealed intermittent contact, appropriate social behaviors despite appearing mildly withdrawn, no current evident of psychosis, mood moderately to severely depressed and feelings of worthlessness and hopelessness at times. The treating physician reported that the injured worker appears full of self-doubt, preoccupied with pain and disability and has a mildly flat affect. Treatment plan consisted of continued psychotherapy treatment and medication management. The treating physician prescribed services for 20 follow up sessions of psychotherapy now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 follow up sessions of psychotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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: 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 20 follow-up visits of psychotherapy; the request was noncertified by utilization review which provided the following rationale for its decision: "the patient is currently under the care of a psychiatrist and receiving ongoing psychiatric treatment for psychiatric disorder. The patient has had prior treatment with CBT/psychotherapy in the past without documentation of significant and progressive benefit. In addition, the request was made and subsequently certified on appeal for FRP evaluation. Therefore medical necessity for concurrent treatment with psychologist is not established and not approved." This IMR will address a request to overturn the utilization reviewer's decision. According to an initial report from May 20, 2015 from the patient's primary treating psychologist it is noted that additional sessions are being requested in order to address symptoms of depression and anxiety but improving functionality reducing medication use. It is further noted that the patient "his psychological response to injury is included suicidal ideation, probable (temporary) psychotic persecutory mental experiences (thoughts and visual hallucinations), difficulty containing aggressive impulses, and dissociative experiences. He is also suffering from insomnia related to both pain and anxiety. To date, medications have only partially contained and used those symptoms." The treatment is undertaken with a translator (patient's wife). The treatment progress note indicates that the patient appears to be making progress and benefiting from treatment, that a therapeutic relationship has been established and he has been increasing household activities to the extent possible to lighten the load for his wife

and increasing functionality as would be expected having only had a minimal amount of treatment so far. 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. Although the patient appears to be benefiting from psychological treatment to the extent that would be expected given these only received 3 or 4 sessions at this time, and the patient appears to be and continued need of psychological treatment based on his level of symptomology as reported by the primary treating psychologist, request for 20 sessions which is the equivalent of 5 months of treatment if held at once a week frequency is excessive in quantity and duration. Further documentation establishing the ongoing medical necessity of the treatment as it is progressing would be needed periodically. This request represents the upper maximum of number of sessions for quantity as recommended in the official disability guidelines which specify 13 to 20 sessions maximum for most patients. In addition to the fact that he's already received some sessions this request to put him over the maximum quantity and therefore the medical necessity is not established as it is excessive by industrial guidelines standards. This is not to say in any way that the patient does not require further psychological treatment, only that the medical necessity of this particular request as submitted is excessive in quantity and therefore does not meet the medical necessity standards. Therefore the request is not medically necessary.