

Case Number:	CM15-0132076		
Date Assigned:	07/20/2015	Date of Injury:	10/15/2013
Decision Date:	08/14/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/08/2015

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:

This 65-year-old man sustained an industrial injury on 10/15/2013. The mechanism of injury is not detailed. Diagnoses include depressive disorder due to a medical condition and anxiety due to a medical condition. Treatment has included oral medications and psychiatric care. Physician notes from the psychiatric physician on a PR-2 dated 3/26/2015 show the worker adjusting to living in a facility. Recommendations include continued psychology sessions, psychiatric appointment to be scheduled soon, and monthly evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology, 8 wkly sessions over 2 months: Upheld

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

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 psychology, 8 weekly sessions over 2 months; the request was non-certified by utilization review which provided the following rationale for its decision: "the documentation indicates that the claimant received psychotherapy since July 2014." There is limited evidence of any current psychological symptoms that has an effect on the current recovery of function. In fact, it is noted in the subjective part of the report that the claimant denies any depression or anxiety, as well as any flashbacks or nightmares. There is no information the claimant was unable to tolerate performing blurred coping skills at home and addressing the residual complaints. The need for additional psychotherapy is not medically necessary is the total number psychotherapy sessions completed is not specified." This IMR will address a request to overturn the utilization review's decision. 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 several psychological treatment progress notes were included for consideration for this IMR, there is no indication provided how many sessions the patient has received to date. The total quantity of sessions the patient has received to date is needed in order to determine whether or not the request for 8 additional sessions is consistent with industrial guidelines. Patient is noted to have been participating in psychological treatment for some time now and there is an indication from the utilization review that his treatment began in July 2014. According to the Official Disability Guidelines, a typical course of psychological treatment consists of 13 to 20 sessions maximum. There is an exception can be made for severe symptoms of major depressive disorder or PTSD. However, there was no supporting documentation that would indicate that the patient qualifies for an exception. Without knowing the total quantity of sessions at the patient has received to date it could not be determined whether additional sessions is consistent with industrial guidelines in order to establish medical necessity. Therefore medical necessity was not established in the utilization review determination is upheld. This request is not medically necessary.