

Case Number:	CM15-0133113		
Date Assigned:	07/22/2015	Date of Injury:	05/24/2011
Decision Date:	08/25/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/09/2015

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 57-year-old male, who sustained an industrial injury on 5/24/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic pain with related depression. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/15/2015, the injured worker complains of bilateral low back pain and buttock pain. Physical examination showed lumbar tenderness. The treating physician is requesting 8 sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

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: 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. 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. A request was made for 8 sessions of psychotherapy, the request was modified by utilization review to allow for 4 sessions. This IMR will address a request to overturn the utilization review decision and allow for all 8 sessions. According to a comprehensive report from December 8, 2014, the patient is experiencing continued depressive symptoms at a clinically significant level. He is diagnosed with the following: "Major Depression, Moderate, secondary to chronic pain and disability caused by industrial accident. All the provided medical records were carefully considered for this review, the medical records consisted of over 200 pages however, none of them contained psychological treatment information regarding any prior psychotherapy that has been provided or afforded to the claimant. There is no indication of whether or not the patient has received any prior psychological treatment to date already for his industrial injury and related psychological sequelae. In the absence of any psychological treatment progress notes, treatment plan, it stated goals was estimated dates of accomplishment, or indication on whether he has received prior psychological treatment for this industrial injury the medical necessity of 8 sessions is not consistent with the MTUS guidelines which recommend a initial brief treatment trial consisting of 3 to 4 sessions. If the patient has not received prior treatment and contingent upon the establishment of medical necessity as evidenced by patient benefit from the initial treatment trial additional treatment sessions may be appropriate. Because the medical necessity the request was not established the utilization review decision is upheld. This is not to say that the patient does not require psychological treatment only that the medical necessity of is that the request was not established by the provided documentation. The request is not medically necessary.