

Case Number:	CM15-0138534		
Date Assigned:	07/28/2015	Date of Injury:	01/27/2009
Decision Date:	08/27/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/16/2015

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 43-year-old female, who sustained an industrial injury on January 27, 2009. She reported an injury to her neck, left upper extremity, head, low back and left upper extremity in a fall. The injured worker reported the development of psychological injury in the form of depression and anxiety following alleged mistreatment at work. Treatment to date has included psychiatric treatment and medications. Currently, the injured worker complains of pain and notes that her pain is 7-8 on a 10-point scale in intensity. She reports pain in the cervical spine, which radiates down the left shoulder and shoulder blade and into the left upper extremity to the fingers. She reports numbness and tingling in the arm and hand. She reports that she has headaches with an intensity level of 7-8 on a 10-point scale. She reports constant low back pain with radiation of pain down her left leg into her knee. She rates the low back pain as a 5-7 on a 10-point scale. Psychologically, the injured worker reports that she has had crying spells, sadness, suicidal ideation, anger, lack of interest in grooming and wanting to stay in bed. She confirmed that she felt depressed. She had passive suicidal ideation within the previous month without a plan or intent to harm herself. She had angeria, anhedonia, amotivation, anger, impaired concentration and memory, withdrawal and hopelessness. She reports constant anxiety manifested by biting her nails, and feeling jittery. She has shortness of breath, chest pain, tachycardia, and hyperhidrosis. She reports suffering from insomnia and fluctuation of her appetite depending on her depression. The injured worker reported four suicide attempts and had one psychiatric hospitalization. The diagnoses associated with the request include major depressive disorder and posttraumatic stress disorder. The treatment plan includes individual psychiatric therapy and psychotropic medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 weekly individual psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

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 12 sessions of individual psychotherapy to be held once weekly, the request was not approved by utilization review provided the following rationale for its decision: "there is no submitted current psychological evaluation to provide an explanation for any continuing or exacerbated pain complaints, pain behavior, dysfunction (and or evidence for the offer diagnosis) and therefore provide a basis for intervention. The provider could not recall the details of the case or locate a copy of the psychological evaluation." This IMR will address a request to overturn that decision. According to a comprehensive psychological evaluation from May 11, 2015, the patient has significant symptoms of depression with a history of suicidal attempts. She has been treated with psychiatric medication and psychological treatment on an industrial basis. It is noted that after a May 2013 suicide attempt she was referred to a psychologist or the worker's compensation system. She reportedly received treatment from [REDACTED] "whom she saw 2 to 4 times a month on an individual basis for 1 to 2 years. The treatment was a "big help" as she felt less guilty about the changes in her personal life. This treatment ended in January 2014 when [REDACTED] stop performing psychotherapy. This, she said, led to today's evaluation." 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.

According to the medical records, this patient has been afforded a lengthy course of psychological treatment for her industrial related injury. Very few details were provided about this prior psychological treatment other than it lasted for one to 2 years and that she benefited from it . Additional treatment at this juncture would appear to exceed recommendations for psychological treatment in the industrial guidelines which recommend 13 to 20 sessions for most patients. It is noted that an exception can be made in cases of very severe major depression, which would appear to apply in this case, but the duration of treatment in those cases would still be 50 sessions or one year. In addition, the request for 12 sessions at the start of a new course of treatment is not consistent with MTUS and official disability guidelines which recommend a brief initial treatment trial consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions (ODG) in order to determine if the patient is responding to treatment with objectively measured functional improvements. Because the request appears to exceed the guidelines for psychological treatment, the medical necessity the request is not established and therefore the utilization review decision is not medically necessary.