

Case Number:	CM15-0143431		
Date Assigned:	08/04/2015	Date of Injury:	12/28/2013
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/23/2015

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 62 year-old male who sustained an industrial injury on 12-29-13. The injured worker is diagnosed with having post-traumatic stress disorder. Diagnostic testing and treatment to date has included psychiatric evaluation, psychotherapy, and symptomatic medication management. Currently, the injured worker complains of nightmares, panic, and difficulty sleeping. Physical examination is remarkable for a flat affect; he is anxious, and appears fatigued. He has been cooperative in all treatment modalities with slight improvement. Requested treatments include 8 individual psychotherapy bimonthly sessions. The injured worker is under temporary total disability. Date of Utilization Review: 07-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 individual psychotherapy bimonthly sessions: Overturned

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

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. 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 provided medical records, the patient continues to report psychological symptomology at a clinically significant level with multiple symptoms of PTSD including flashbacks, nightmares, avoidance of similar workplace settings where the robbery took place and anxiety. In addition, although a typical course of psychological treatment for most patients is recommended to consist of 13 to 20 sessions maximum an exception is made in the official disability guidelines to allow for additional sessions up to 54 one year maximum cases of severe PTSD or severe Major Depressive Disorder. In this case, the patient does meet the diagnostic criteria for PTSD and thus has not exceeded the recommended industrial guidelines for the requested treatment. The remaining issue is that the treatment that has been provided to date appears to have resulted only in limited patient progress. There is reports of improved sleep at night with less frequent nightmares regarding the gunpoint robbery and some improvement in mood. Eight additional sessions, held bimonthly, were requested by the treating psychologist to allow for gradual discharge. Overall, the request appears to be reasonable and medically appropriate. These should be considered the final sessions and used for discharge and transition to independent psychological status. Therefore, the utilization review decision is overturned. The request is medically necessary.