

Case Number:	CM15-0160213		
Date Assigned:	09/21/2015	Date of Injury:	01/15/2014
Decision Date:	10/23/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/14/2015

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 (IW) is a 20-year-old male who sustained an industrial injury on 01-15-2014. The injured worker had traumatic amputation of finger of left hand including thumb. He underwent heterodigital replantation of his index to the thumb position followed by a latissimus flap to cover the soft tissue defect. According to the Request for Authorization dated 07-28-2015, he has Dysthymic disorder, Posttraumatic Stress disorder, learning disorder not otherwise specified-Dyslexia by history. Treatment to date has included surgery, hand therapy, medications, psychotherapy, psychophysiological therapy and psychological testing. In review of the medical records, the worker had an initial psychological evaluation on 04-11-2014. He continued psychotherapy and by 12-10-2014 had completed 4 of 6 psychotherapy and psychopsiological therapy sessions. He complained of social isolation, lack of sleep, intrusive negative thoughts, and lack of motivation. Psychological examination revealed anxiety, depression, obsessive compulsiveness paranoid ideation, psychoticism, self-criticism, self-blame interpersonal sensitivity, phobic anxiety, somatization, helplessness and hopelessness. In the progress report dated 04-13-2015, the worker had 6 of 6 psychophysiological therapy sessions. He continued with feelings of depression and sleep deprivation. Cognitive behavioral techniques (CBT) were taught in the sessions. The worker reported he felt more relaxed after participating in the CBT sessions. The provider noted functional improvement. In the provider psychological progress report of July 28, 2015, the IW's sessions and testing from 05-04-2015 through 07-21-2015 were reviewed. Over time, the worker had ongoing symptoms of depression, sleep disturbances, anger outbursts, sense of hopeless, fatigue, and early morning awaking.

Interpersonal conflicts and coping skills that could be used to mediate the issues were discussed. Cognitive behavioral therapy "is used to address a variety of symptoms presented". The treatment plan was for an additional sessions of psychotherapy in conjunction with psychophysiological therapy. A request for authorization was submitted 07-28-2015 for: 1. Psychotherapy sessions QTY: 6. 2. Psychophysiological therapy sessions QTY: 6. 3. Psychotherapy session (60 minutes). 4. Psychological Progress Report, one per month. A utilization review decision 08-04-2015: Gave partial certification for psychotherapy sessions Qty 6, non-certified psychophysiological therapy sessions QTY: 6, non-certified psychotherapy session (60 minutes), non-certified psychological progress report, one per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy sessions QTY: 6: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Psychotherapy for depression.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 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) recommends a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23

trials. Decision: a request was made for six psychotherapy sessions, the request was modified by utilization review which provided the following rationale for its decision: "The claimant has had six outpatient psychotherapy sessions. Still complains of depressive symptoms, Requested service to address residual symptoms, the medical necessity of psychotherapy sessions quantity six is established, partial-certification is recommended." No information was provided by utilization review regarding how many sessions were eventually authorized. This IMR will address a request to overturn the utilization review 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. Decision: the medical necessity the requested treatment was established by the provided documentation. The patient continues to report significant psychological sequelae from the industrial injury at a clinically significant level that necessitates continued treatment. Medical records do also reflect that the patient has been making progress in his treatment. The total quantity of sessions the patient has received to date is not clearly stated in the medical records. Utilization review mentions six prior sessions, however this does not appear to be accurate, as requests for authorization for additional sessions appear to date back to 2014. Although in this case the medical necessity the request based on the provided documentation does appear to be established as being reasonable and appropriate. no further treatment sessions should be authorized after this request without more accurate description of how much treatment the patient has received to date. The official disability guidelines recommend typical course of psychological treatment consists of 13-20 sessions maximum. An exception is made in cases of Major Depression or PTSD with a level of intensity of symptoms at severe. It is not clearly established that the patient would meet this standard of severity. An exception is being made to allow these additional six sessions based on the medical records even though the requirements are not entirely met. The reasons for the exception being made is due to the patient's age and severity of the industrial injury, continued psychological symptomology at a clinically significant level, and progress being made in treatment. As stated above, no further sessions should be authorized without all conditions being met. For this reason, the medical necessity the request is established and utilization review decision is overturned.

Psychophysiological therapy sessions QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Biofeedback.

Decision rationale: According to the MTUS treatment, guidelines for biofeedback it is not recommended as a stand-alone treatment but is recommended as an option within a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered. An

initial trial of 3 to 4 psychotherapy visits over two weeks is recommended at first and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. After completion of the initial trial of treatment and if medically necessary the additional sessions up to 10 maximum, the patient may "continue biofeedback exercises at home" independently. A request was made for psychophysiological therapy sessions quantity six; the request was not non-certified by utilization review which provides the following rationale for its decision: "Psychophysiological therapy sessions (biofeedback) are not a separately identifiable service and which would not be included within the scope of psychotherapy service for psychophysiological therapy." This IMR will address a request to overturn the utilization review decision. The MTUS guidelines recommend 10 sessions of biofeedback after which it is noted that the patient should be able to utilize the relaxation techniques taught under biofeedback independently. It is not clear how many sessions the patient has received of biofeedback training. It does appear likely that the patient has already received more than 10 sessions. For this reason, the utilization review decision is not medically necessary.

Psychotherapy session (60 minutes): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 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) recommends a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. Decision: a request was made for one psychotherapy session (60 Minutes). Provider rationale for the request was stated, as "I am requesting authorization for an additional six sessions of psychotherapy in conjunction with six sessions of psychophysiological therapy two separate modalities. As patient need reflects, I would like authorization to substitute these combination sessions on occasion with a 60 minute psychotherapy session." Utilization review non-certified the request with the following provided rationale: "however, the documentation does not reflect separately identifiable service for which would not be included within the scope of psychotherapy service for psychotherapy session (60 Minutes)." Provider rationale for the request was stated, as "I am requesting authorization for an additional six sessions of psychotherapy in conjunction with six sessions of psychophysiological therapy two separate modalities. As patient need reflects, I would like authorization to substitute these combination sessions on occasion with a 60 minute psychotherapy session." This IMR will address a request to overturn the utilization review 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. This request for one session of psychotherapy appears to be redundant with the above request for six sessions of psychotherapy. For this reason the medical necessity the request is not established and utilization review decision is not medically necessary.