

Case Number:	CM15-0161234		
Date Assigned:	08/28/2015	Date of Injury:	01/10/2012
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/18/2015

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 28-year-old male, who sustained an industrial injury on January 10, 2012. He reported an injury to his low back. Treatment to date has included diagnostic imaging, lumbar epidural steroid injections, physical therapy, NSAIDS, topical pain medications, chiropractic therapy and psychotherapy. Documentation from psychotherapy sessions on April 21, 2015 reveals the injured worker has a lessening of anxiety and agitation. Objective findings indicated that the injured worker was well oriented to person place, time and situation. A psychotherapy session on June 2, 2015 revealed the injured worker presented with episodic pain which he rated a 7 on a 10-point scale. He reported that he was going to chiropractic therapy for adjustments for his lumbar spine. The evaluating physician noted that they discussed his health challenges and capabilities and skills were reinforced. Objective findings indicated that the injured worker was oriented to person, place, time and situation. A psychotherapy session on July 1, 2015 revealed the injured worker had persistent lumbar spine pain. The documentation was difficult to decipher. The diagnosis associated with the request is depressive disorder. The treatment plan includes continued psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 1 time per month for 6 months, 6 sessions: Upheld

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

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. A request was made for psychotherapy, one time a month for 6 months for a total of 6 sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "the patient presented with lumbar pain, increasing or decreasing episodically. There was a discussion of actual (sic) medical evaluation (AME) psychological report. The patient was diagnosed with depressive disorder not otherwise specified. Therefore, the requested for psychotherapy one time a month for 6 months is not medically necessary." This IMR will address a request to overturn the utilization review determination of non-certification of the request. 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. The medical necessity of the requested treatment could not be established by the provided documentation. An initial psychological evaluation was found from November 8, 2012 which provided diagnostic information as well as a recommendation for individual and group psychological treatment. Handwritten and barely legible treating physician progress reports PR-2 were provided and dated from January 2013 and continues monthly through July 2015. Because of the poor quality of the progress notes they could only partially be deciphered. They do not appear to be adequate in establishing the medical necessity the requested treatment. There is no comprehensive discussion of patient benefit from the provided treatment. There is no

comprehensive treatment plan was estimated dates of accomplishment of stated goals. There is no indication of progress being made by the treatment with objectively measured functional improvements as required by the industrial guidelines. The total quantity of sessions provided is not indicated on the medical records. It is not known how much treatment the patient has received in total however; the duration appears to span a period of time lasting nearly 3 years. The industrial guidelines for psychological treatment recommend a brief course of treatment. The MTUS suggests 10 sessions maximum whereas the official disability guidelines recommend 13 to 20 sessions. An exception is made in cases of the most severe Major Depression or PTSD to allow to sessions or up to one year of treatment. In this case, the patient appears to have exceeded the maximum quantity and duration of treatment recommended by both of the industrial guidelines. For this reason, the medical necessity of further treatment is not established on an industrial basis and therefore the utilization review determination of non-certification is upheld. This request is not medically necessary.