

Case Number:	CM15-0163918		
Date Assigned:	09/01/2015	Date of Injury:	02/03/2005
Decision Date:	09/30/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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 02-03-2005. Mechanism of injury was not found in the documents present for review. Diagnoses include major depression, post-traumatic stress disorder, chronic pain syndrome, and chronic obstructive pulmonary disease. He has additional diagnoses of elbow epicondylitis, bilateral shoulder impingement, cervical discopathy, lumbar sprain-strain, lumbar spine discopathy, bilateral carpal tunnel syndrome and asthma. Treatment to date has included diagnostic studies, medications, psychotherapy, acupuncture, physical therapy, and status post shoulder surgery. A physician progress note dated 03-09-2014 documents the injured worker has been feeling better with medications Celexa and Ativan, as long as he takes it he is OK. If he misses a dose he is depressed and has anxiety. He was started on Celexa in February of 2015. He is sleeping better and feels more relaxed. He is eating OK and weight is stable. There has been some improvement and he knows he has social and psychological problems. It was noted he has been having psyche issues since at least October of 2012. Treatment requested is for retrospective psych therapy 2 times a week for 52 weeks, and retrospective medical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective psych therapy 2 times a week for 52 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 57-64, 396- 397, 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 Page(s): 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 retrospective psych therapy 2 times a week for 52 weeks; the request was noncertified by utilization review which provided the following rationale for its decision: "... There is no support for the medical necessity of retrospective one year of twice- weekly psychotherapy. Is also noted that in keeping with MTUS and other evidence-based guidelines, psychotherapy is typically initiated with a 6 week trial, with documented evidence of functional progress toward specific goals necessary to support any request for additional treatment sessions." 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. The medical necessity the requested treatment

was not established by the provided documentation. The request greatly exceeds industrial treatment guidelines for this therapeutic modality. The official disability guidelines recommend an initial brief treatment trial consisting of 4 to 6 sessions followed by a maximum of 13 to 20 sessions for most patients. In rare exceptions of the most severe cases of psychopathology related to Major Depression or PTSD additional sessions up to 50 may be authorized with evidence of objectively measured functional improvements. This request is for well over that amount not accounting for any prior sessions occurred before the request. Because the request is excessive, the medical necessity is not met, and the utilization review decision for non-certification is upheld.

Retrospective medical management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Topic: Office Visits, March 2015 Update.

Decision rationale: Citation Summary: Mental Illness and Stress chapter, Topic: Office Visits, March 2015 Update. The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. The Official Disability Guidelines (ODG) addresses Office Visits, Evaluation and Management (E&M) stating that they are a recommended to be determined as medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and returned a function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care professional is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. A request was made for retrospective medical management; the request was modified by utilization review to approve for medical management in January 2015 to present. This IMR will address a request to overturn the utilization review decision and authorize "retrospective medical management". The medical necessity for retro medical management is not established by the provided documentation. The request does not contain specific information regarding the quantity of sessions requested or the timeframe of treatment. All reviews that reached the IMR level for psychological or psychiatric treatment must contain a quantity associated with the request specifying how many sessions are being requested. If not, the request is considered open-ended and unlimited for which the medical necessity is not established. In this case, utilization review modified the request to be from January 2015 to the present. The medical necessity of unlimited

Treatment starting at an unknown date and ending an unknown date was not established by this provided documentation. The nature of the request itself was unclear but clarified by utilization review to be medication management psychiatric related. While the industrial guidelines do support the use of office visits is an appropriate and important treatment modality, the requested treatments need to be assessed on an ongoing basis for medical necessity. In many cases of psychiatric treatment one stabilized the frequency of treatment interventions can be decreased or the medication can some cases be handled by the primary treating physician. In this case an open-ended request for medical management (of psychiatric symptoms) without ongoing demonstration of medical necessity during the process is not supported on an industrial basis by the industrial guidelines. For these reasons the medical necessity of this request was not established and utilization review decision is upheld