

Case Number:	CM15-0164157		
Date Assigned:	09/01/2015	Date of Injury:	10/01/2004
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/21/2015

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 39 year old female, who sustained an industrial injury on October 01, 2004. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having severe major depression, pain disorder, and body dysmorphic disorder. Treatment and diagnostic studies to date has included six sessions of psychotherapy and medication regimen. In a progress note dated July 28, 2015 the treating psychologist reports complaints of chronic pain with left hand overuse syndrome. The treating psychologist reported tearfulness that was noted to have decreased with an increase in an elevated mood, a decrease in panic attacks, decrease in the use of her medication regimen, increase in her personal care, increase in walking, increase in her activity level, improvement in sleep, increase in driving, and an increase in social activities. The treating physician requested twelve sessions of psychotherapy noting that the injured worker has a "high vulnerability of decompensation" and requires continued psychotherapy with psychotropic medications secondary to severe complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Cognitive therapy for depression.

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: 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 psychotherapy sessions; the request was not certified by utilization review, which provided the following rationale for its decision: "guideline support as many as 20 sessions of psychotherapy for depression such as this patient had been receiving it appears that 18 visits had been rendered over the course of the past year..." This IMR will address a request to overturn the utilization review decision of non-certification and authorize 12 psychotherapy sessions. 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 requested treatment is not established by the provided documentation for the following reason: Request exceeds industrial guidelines, MTUS and ODG, for the recommended quantity of treatment sessions to be provided on an industrial basis. While the total quantity of sessions that the patient has received on an industrial basis since the time of injury, there are indications of psychological treatment being provided in 2012-2015. Utilization review indicates that the patient has received at least 18 visits over the

past year with noted benefit. The industrial guidelines recommend a typical course of treatment consisting of 13 to 20 sessions maximum. This request for 12 additional sessions, or the equivalent of 3 more months of treatment, would bring the total to at least 30 for the past year and with indications of treatments in prior years, this patient appears to have received the maximum quantity recommended in the industrial guidelines. Therefore, the request for additional psychological treatment on an industrial basis is not medically necessary by the industrial guidelines and the utilization review decision is upheld.