

Case Number:	CM15-0167736		
Date Assigned:	09/08/2015	Date of Injury:	05/20/2014
Decision Date:	10/07/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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 58 year old female, who sustained an industrial injury on May 20, 2014. She reported an injury to her left thumb and was diagnosed with a partial amputation of the distal phalanx of the left thumb. Treatment to date has included diagnostic imaging, home exercise program, psychotherapy, antidepressant medication, modified work duties, opioid medications, and topical pain medications. Currently, the injured worker complains of persistent left thumb pain. She describes her pain as throbbing and aching pain. The injured worker reports anxiety and depression since her antidepressant medication was discontinued. She reports that she is afraid to return to work. Her medications are helping with her pain. The documentation reveals that the injured worker had seven psychotherapy sessions from October 1, 2014 to February 24, 2015. The psychologist revealed that the injured worker was not open to returning to work. The psychologist noted that the injured worker made good progress during her course of treatment and noted that he did not find anything from a psychological standpoint, which would prevent the injured worker from returning to work. Her psychotherapy focused on helping her learn coping strategies for overcoming affective symptoms and on learning to manage her pain condition. The diagnosis associated with the request is adjustment disorder with mixed anxiety and depressed mood. The treatment plan includes Lexapro, Norco, gabapentin and psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 18-24 sessions for the left thumb: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, and 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 psychotherapy 18 to 24 sessions; the request was non-certified by utilization review which provided the following rationale: "the record review reveals that prior treatments included 8 sessions of psychotherapy and medications, however the objective outcome from prior psychotherapy intervention is not elaborated in the record review including changes in depressive symptoms and functional activity levels. As per guidelines, ongoing treatment psychotherapy should be based on documentation of the efficacy of prior treatment including changes in pain score level, function and depressive symptoms. Therefore, the request is denied as it is not medically necessary and appropriate." This IMR will address a request to overturn the utilization review decision of non-certification. In a psychological treatment update PR-2 by the patient's primary treating psychologist from March 1, 2015, it is noted that the patient has a total of 7 sessions that occurred from October 1, 2014 through February 24, 2015. The mechanism of injury was reported during her work as a packer that a plastic bag which was around her left thumb got caught in a belt and resulted in a partial amputation of her left thumb. It is noted that she was having significant depressive and anxiety symptoms, which have improved substantially. She continues to "meet the diagnostic criteria for an Adjustment Disorder with

Mixed Anxiety and Depressed Mood." Is noted by the doctor that the patient has made good progress in the brief course of treatment and he does not anticipate additional treatment being requested at the completion of this request area treatment strategies have focused on "relaxation exercises, stress management techniques, anger management and cognitive restructuring." 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 requested medical treatment was not supported by the documentation provided for this IMR, for the following reason: excessive treatment quantity requested. The requested treatment was listed as 18 to 24 sessions. When a range the highest number requested is what is assumed to be under consideration at the IMR level. The request for 24 additional sessions in the context of the 8 sessions already provided would bring her total to 32 sessions. The MTUS guidelines recommend a typical course of psychological treatment to consist of a maximum of 6 to 10 sessions. The official disability guidelines allow for a longer course of treatment consisting of 13 to 20 session's maximum for most patients. An exception is made in cases of the most severe symptoms of Major Depressive Disorder or PTSD. In this case the diagnosis is Adjustment Disorder. Because this request exceeds the recommended maximum industrial guidelines, which would be 20 by a factor of 12 sessions, the medical necessity the request is not established solely on that basis and the UR decision is not medically necessary.