

Case Number:	CM15-0167860		
Date Assigned:	09/08/2015	Date of Injury:	12/02/2014
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
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 48-year-old male, who sustained an industrial injury on 12-2-14. He has reported initial complaints of a motor vehicle rollover accident with injuries to back, neck, bilateral shoulders, right knee, right elbow and a concussion. The diagnoses have included anxiety disorder, depressive disorder, headaches and post-traumatic stress disorder. Treatment to date has included medications, psyche evaluation, 12 sessions of psychotherapy, and other modalities. Currently, as per the physician psychotherapy note dated 7-29-15, the injured worker reported that he continues to read advanced mindfulness and feels that he now understands it better. The physician notes that he discussed wise mind and how it applies. It is noted that the injured worker is to continue practicing mindfulness skills and begin to incorporate advanced mindfulness skills. It is noted that the injured worker is not able to work as a truck driver. The physician requested treatment included Psychotherapy, 10 individual sessions, once per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 10 individual sessions, once per week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental illness & stress, Cognitive therapy for depression.

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: 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 an individual sessions of psychotherapy to be held one time per week; the request was modified by utilization review which provided the following rationale: "The patient has had 12 psychotherapy sessions. In a case discussion, it was related that the patient had demonstrated progress in being less socially withdrawn, able to drive a personal vehicle, improvement in sleep, more hopeful, and beginning to apply coping skills. It is medically necessary for the patient to continue receiving individual psychotherapy sessions. However, the providers request is modified to allow for 8 individual psychotherapy sessions in accordance with the recommendations supported by ODG." 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 patient meets the medical necessity requirements continued psychological treatment. He is reported to continue to experience psychological sequelae and symptomology the clinically

significant level as a direct result of his industrial related motor vehicle accident. The total quantity of sessions that he has received is reported to be 12, which is less than the maximum recommended by the Official Disability Guidelines (ODG). The ODG recommends a typical course of psychological treatment consists of 13 to 20 session's maximum for most patients with evidence of objectively measured functional improvement as a result of prior psychological treatment. As the patient has received 12 sessions, they would be the remaining under the industrial guidelines. In addition, the patient has been showing functional improvement and progress as a result of this treatment in multiple areas that were adequately addressed in the treatment progress notes were provided. However, the request for 10 individual sessions one time per week exceeds the maximum by 2 sessions. For this reason the medical necessity the request is not established and utilization review determination to modify the requested 10 sessions to allow for 8 additional sessions is upheld.