

Case Number:	CM15-0168388		
Date Assigned:	09/09/2015	Date of Injury:	07/28/2011
Decision Date:	10/14/2015	UR Denial Date:	07/30/2015
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 51-year-old male who sustained an industrial injury on July 28, 2011 resulting in multiple injuries with secondary symptoms associated with feeling hopeless and depressed. Diagnosis is Major Depressive Disorder, Recurrent. Documented treatment includes an unspecified number of psychotherapy visits including cognitive behavioral therapy, and psychotropic medication including Cymbalta, and Klonopin, which are reported to be helpful but not taken regularly due to intermittent lapses in insurance coverage. The injured worker continues to report feelings of hopelessness, frustration, inability to sleep and depressive symptoms being "severe." This is documented in the July 17, 2015 psychiatric note as being secondary to pain and loss of use of his hand. The treating physician's plan of care includes 6 additional weekly cognitive behavioral therapy sessions. This was denied by Utilization Review due to being no longer medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 weekly cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Cognitive behavior therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines August 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. 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 total quantity of treatment received by the patient is not clear, however there are indications in the provided medical records the patient has received psychological intervention dating back to at least September 17, 2013 by [REDACTED]. Although it could not be determined definitively it appears very likely that the patient has exceeded the maximum recommended treatment duration and session quantity per industrial guidelines. The Official Disability Guidelines recommend a typical course of psychological treatment consisting of 13 to 20 sessions for most patients. There is an exception can be made in cases of the most severe Major Depressive Disorder to allow up to 50 sessions maximum. In this case, because the request does not contain indications of precisely how many sessions the patient has received to date it could not be determined whether additional sessions would fall within these guidelines. However, the indications to appear that is probably exceeded the maximum quantity for his diagnosis. For this reason, the request is not medical necessary.