

Case Number:	CM15-0184506		
Date Assigned:	09/25/2015	Date of Injury:	04/17/2015
Decision Date:	11/02/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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 31-year-old male who sustained an industrial injury April 17, 2015. Diagnoses have included neuropathy and muscle atrophy, and psychological diagnoses of adjustment disorder, mixed anxiety and depression, and rule out posttraumatic stress disorder. Physical injuries have been treated with surgery, physical therapy, acupuncture, massage and medication, but he continues to report pain and loss of sensation which is "slowly coming back." Related to this request, the injured worker continues to present with reports of feelings of depression, fear, anxiety, and nightmares secondary to his injury. The treating psychologist's plan of care includes individual psychological sessions once per week for 5-10 weeks. This was modified on 8-19-2015 to once per week for 4 weeks. He is noted to be working on conditioning so he can go back to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychological sessions 1 time a week for 5-10 weeks (1x10): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, 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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. A request was made for individual psychological sessions one time a week for 5-10 weeks (1x10); the request was modified by utilization review to allow for 4 sessions. The utilization review rationale for its decision was stated as: "A trial of psychotherapy treatment is appropriate. Recommended partial certification of individual psychological sessions one time per week for four weeks. Authorization for additional treatment will be determined based on the claimant's response to treatment and adequate necessity of continued care." 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. According to a psychological treatment progress note from September 2, 2015 it is noted that he is being seen in individual psychotherapy treatment sessions and has been improving physically and "increasing his HEP. It is further noted that the treatment focused on discussing his expectations, worry and work comp." A similar treatment progress note from August 26, 2015 was found indicating that "he is confronting many of his fears and anxieties related to the MVA" and is still having some nightmares and is processing the meaning of the accident in his life." Additional provided psychological treatment records do reflect subjective but not objectively measure progress in his psychological treatment. The provided psychological treatment records

do not state how many sessions have been provided to date. This information is needed and should be reported on psychological treatment progress notes. However, because his date of reported and industrial injury is relatively recent it appears likely that he has not yet exceeded the maximum quantity of treatment recommended on an industrial basis. Because the patient continues to report psychological symptomology at a decreased but clinically significant level, because there does appear to be progress in his psychological treatment, and because the quantity of sessions provided appears to be unlikely to have exceeded the maximum recommended quantity on an industrial basis, the medical appropriateness of the request is established and utilization review decision is overturned. Therefore, the requested treatment is medically necessary.