

Case Number:	CM15-0185747		
Date Assigned:	09/25/2015	Date of Injury:	11/07/2013
Decision Date:	11/02/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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 55-year-old male, who sustained an industrial-work injury on 11-7-13. He reported initial complaints of back, neck, and shoulder pain. The injured worker was diagnosed as having prolonged post-trauma stress, depressive disorder, sacroiliitis, and recurrent depression psyc-severe. Treatment to date has included medication, physical therapy, and psychotherapy. Currently, the injured worker complains of increased panic attacks, anxiety, avoidance of driving in certain conditions, increased fearfulness of leaving the house, and increased nightmares. He has chronic pain in the lower back, neck, and shoulder area. Per the psychiatric report on 8-7-15, exam notes some paranoia, continues to have back pain, less crying spells, easily startled, decreased energy, adequate appetite, denies suicidal ideation or homicidal ideation. He still has nightmares, paranoia of police, and medication side effects. The primary physician's report (PR-2) from 7-22-15 reports chronic pain in back, neck, and shoulder area. There is neck tenderness, both shoulders, and back with tender paraspinals. Current plan of care includes medication refill and psychotherapy. The Request for Authorization requested service to include Psychotherapy 2x a month for 5 months. The Utilization Review on 8-28-15 denied the request for Psychotherapy 2x a month for 5 months, per Official Disability Guidelines (ODG) Psychotherapy Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2x a month for 5 months: 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) Psychotherapy Guidelines.

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) recommends 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 outpatient psychotherapy two times a month for five months (10 sessions); the request was non-certified by utilization review which provided the following rationale for its decision: "The claimant was injured over 1.5 years ago in a motor vehicle accident involving a fatality. Treatment to date includes 20 preauthorized sessions of IPT, medications and PT. He is diagnosed with PTSD... The provided documentation does not provide any information regarding objective functional improvements as a result of IPT... Without evidence of progress, this request for 10 additional sessions of psychotherapy does not meet current guidelines for approval." 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. The provided medical records for the following reason do not establish the medical necessity the requested treatment: insufficient documentation of prior psychological treatment. Although there was multiple psychiatric treatments progress notes from the patient's primary treating psychiatrist, there was not a single psychological treatment progress note provided for consideration for this IMR. It appears that the patient has participated in prior psychological treatment and that this request for 10 sessions is a request to continue that treatment. Continued psychological treatment is contingent upon the establishment of medical necessity, which requires communication from the requesting psychologist. Information is needed about how many sessions the patient has received to date. Information is also needed regarding all subjective and objectively measured functional improvement derived from prior treatment if any has been achieved. The absence of any documentation or clear communication from the requesting treating psychologist regarding the patient's prior psychological treatment medical necessity of this request could not be established. This is not to say that the patient does not need psychological treatment only that it could not be determined whether or not this request is consistent with industrial guidelines stated above. Because medical necessity could not be established due to insufficient documentation, the utilization review decision is not medically necessary.