

Case Number:	CM15-0186554		
Date Assigned:	09/28/2015	Date of Injury:	12/23/2003
Decision Date:	11/03/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/22/2015

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 65 year old, female who sustained a work related injury on 12-23-03. A review of the medical records shows she is being treated for a mood disorder and major depression. Treatments have included unknown number of psychotherapy sessions. Current medications include Concerta, Lexapro and Restoril. In the Psychiatric Medication Management Progress Report dated 8-12-15, the injured worker reports she received an injection in her right wrist for pain and it did not help much. She was administered the Beck Depression Inventory-II which she scored a 19-63 which indicates mild depression. She was also administered the Beck Anxiety Inventory which she scored 15-63 which indicates mild anxiety. These scores have not varied much in the last couple of office visits. The Beck Anxiety Inventory score was 8-63 at 6-22-15 visit. She is working modified duty. The treatment plan includes requests for The Request for Authorization dated 8-12-15 has requests for medication management and psychotherapy 12 sessions over 6 months. In the Utilization Review, dated 8-27-15, the requested treatment of psychotherapy for 12 sessions over 6 months is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy for 12 sessions over 6 months: Upheld

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) 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 psychotherapy for 12 sessions over six months; the request was modified by utilization review which provided the following rationale for its decision: "medical records documented that the patient has had at least 12 psych sessions exceeding guideline recommendations. In addition, there is no documentation of objective functional improvement with prior visits. Furthermore no discussion was made indicating a treatment plan or goal intended with the requested sessions. The request has not been substantiated. Peer discussion was established, the states that this claimant has been undergoing psychotherapy previously with the provider that is now retired, and more recently since March 2015 he has been seeing [REDACTED]. There is no documentation of how many sessions the claimant has completed more any objective functional benefit. He stated he would provide some of the notes: Recommendation is to certify four sessions to allow ample opportunity to provide evidence of gains other than subjectively." 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 total quantity of sessions at the patient has received was not clearly documented but appears to exceed industrial guidelines for psychological treatment on an industrial basis. The official disability guidelines allow for 13 to 20 sessions maximum for most patients; however an exception can be made in cases of severe Major Depression, or PTSD, to allow for 50 sessions for treatment lasting one year. The provided medical records indicate that the patient has received a substantial amount of psychotherapy although the total quantity is unknown it appears to have been conducted under several providers over many years. Psychiatric treatment progress notes were readily found in the provided medical records. Handwritten and difficult to read treatment progress notes from [REDACTED] were difficult to read and do not appear to contain any objectively measured functional indices of patient improvement. Continued psychological care is contingent upon not only psychological symptomology at a clinically significant level being present but also evidence of patient benefit from treatment which includes measured changes in activities of daily living, decrease reliance on future medical care, medication, increased social activities, decreased work restrictions if applicable etc. These changes need to be objectively measured rather than only subjective reports. In addition, the total quantity of sessions needed to be accurately provided. Utilization review modified the request to allow for four sessions to get the provider an opportunity to establish medical necessity of continued psychological care. For these reasons the request is not medically necessary or established the utilization review decision is upheld.