

Case Number:	CM15-0187947		
Date Assigned:	09/29/2015	Date of Injury:	08/14/2008
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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 53 year old female, who sustained an industrial injury on 08-14-2008. She has reported injury to the neck and left shoulder. The diagnoses have included left shoulder sprain-strain, rule out internal derangement, status post arthroscopic surgery times 2; cervical spine sprain-strain; cervical radiculopathy; status post carpal tunnel release, right and left; status post open reduction internal fixation, trans-scaphoid perilunate fracture-dislocation, left wrist; and major depressive disorder. Treatment to date has included medications, diagnostics, physical therapy, psychotherapy, and surgical intervention. Medications have included Norco, Cymbalta, Xanax, Buspar, and Trazodone. A progress report from the treating provider, dated 08-28-2015, documented a follow-up visit with the injured worker. The injured worker reported that she had returned to work for 3 days, but it was too stressful and she had to stop; she is going to try to find other less stressful jobs; she is still having orthopedic industrial injuries causing her depression and anxiety; depression and anxiety are better than last time; her CPAP (continuous positive airway pressure) is helping; and the Xanax and Trazodone are helping without side effects. Objective findings included she is mentally fatigued; mood-affect is anxious, depressed, and constricted, but benefitting from medications; subdued speech; and she is pleasant and cooperative. The treatment plan has included the request for referral for 6 visits of psychotherapy. The original utilization review, dated 09-17-2015, non-certified the request for referral for 6 visits of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for 6 visits of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral therapy (CBT), guidelines for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 referral for six visits of psychotherapy, the request was non-certified by utilization review which provided the following rationale for its decision: "She has been in psychological care since 2012, and recent reports indicate she has "improved significantly" although there is residual anxiety every morning which interferes with her starting her day. She is reported in remission from Major Depression, Opiate dependence and Panic Disorder. "It is noted that she has recently been in psychotherapy with [REDACTED]. It is unclear how many services she has had and what the progress has been." This IMR will address a request to overturn the utilization review decision. The patient has also been participating in psychiatric treatment under the care of [REDACTED] as of the September 2013 report, it is not clear how much psychiatric care she has received. She appears to be continuing to participate in psychiatric treatment with [REDACTED]. According to a treatment report from June 26, 2015 it is noted that her psychotherapy treatment with [REDACTED] was stopped because you cannot afford treatment. There are reports of her orthopedic

injury causing depression and anxiety and resulting in social isolation. She is engaging and part-time work and is able to go horseback riding at a slow pace. She is being maintained on psychotropic medications trazodone 50 mg one and a half tabs QHS. The Xanax is also being prescribed 0.5 mg one tab TID. According to a treatment progress note from April 27, 2015 from [REDACTED], the patient is to be referred back to [REDACTED] for psychotherapy through work comp. According to another treatment progress note from March 2015 also from her psychiatrist is noted that the patient is participating in psychotherapy with [REDACTED] every week and it is helping. No psychological or psychotherapeutic treatment notes were found in the provided medical records. No communications from [REDACTED], or other Psychologists were provided regarding her mental health treatment. There is no comprehensive psychological treatment plan for the requested sessions. No information was provided regarding to the quantity and outcome of prior psychological treatment. This information is needed in order to determine whether additional psychological treatment is medically appropriate for this patient at this time. 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 medical necessity of this request was not established insufficient information regarding the patient's prior psychological treatment sessions in terms of quantity and outcome. Though there was ample communication from the patient's psychiatrist none could be found from any psychological treating provider. For this reason the request is not medically necessary or established and utilization review decision is upheld.