

Case Number:	CM15-0188296		
Date Assigned:	09/30/2015	Date of Injury:	05/04/2012
Decision Date:	11/09/2015	UR Denial Date:	09/24/2015
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:

This injured worker is a 61 year old female who reported an industrial injury on 5-4-2012. Her diagnoses, and or impressions, were noted to include: unspecified depressive disorder; somatic symptom disorder with predominant mild-moderate pain; carpal tunnel syndrome; and calcifying tendinitis of the right shoulder. A recent musculoskeletal ultrasound report was done on 8-5-2015, noting right biceps proximal tendon effusion; no imaging studies were noted. Her treatments were noted to include: psychological evaluation and treatment; medication management; and rest from work versus working regular duties. The mental health progress notes of 9-9-2015 reported: a psychiatric evaluation on 9-2-2015 for which psychotherapy on a weekly basis with medication on a monthly basis respectively, was arranged; along with complaints of anxiety, depression, irritability, tearfulness, social withdrawal, poor self-esteem and concentration, forgetfulness, and sleep disorder being reported. The objective findings were noted to include: physical injury with development of psychiatric symptoms; and stress and strain of the job. The physician's requests for treatment were noted to include psychotherapy 10-12 sessions. The Request for Authorizations, dated 9-9-2015, was noted to include individual psychotherapy once weekly x 10-12 sessions. The Utilization Review of 9-24-2015 non-certified the request for individual psychotherapy, 1 x weekly x 10-12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy, 1x per week for 10-12 sessions: 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: 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 Individual Psychotherapy one time per week for 10-12 weeks; the request was non-certified by utilization review which provided the following rationale for its decision: "Consider separate psychotherapy CBT referral after four weeks if lack of progress from PT alone. Physical therapy has not been documented recently in this patient, so the request is premature and cannot be certified." This IMR will address a request to overturn the utilization review decision. In this case, according to the provided medical records, the patient is reported to be having symptoms of depression as a result of her industrial injury. The request for psychological treatment was non-certified by utilization review based on reason that she has not participated in physical therapy. As best as could be determined from the provided medical records this patient does not appear to receive psychological cognitive behavioral therapy. If the patient has received prior psycho-logical cognitive behavioral therapy no medical records were provided indicating how much and what the quantity would be. No psychological evaluation was provided for this review. Is not clear whether or not she has had a comprehensive psychological evaluation the past or not. Assuming that the patient has not yet had any psychological treatment, the industrial

guidelines recommend an initial brief treatment course consisting of 3 to 4 sessions in order to determine patient benefit from the treatment. It does not appear that an initial brief treatment trial has been conducted or completed and if one has there's no information regarding the outcome her results of that treatment. If the patient has been participating in prior psychological treatment then a initial brief treatment trial is not be necessary, however detailed information regarding prior treatment in terms of quantity and outcome would be. Assuming that this is a request for a new course of psychological treatment in a patient who has not received prior psychological treatment in the past, although it does appear she has received psychiatric care and psychotropic medication, the request for 10 to 12 sessions would not be consistent with the MTUS and official disability guidelines which both recommend an initial brief treatment trial be conducted. Because this request for 10 to 12 sessions is not consistent with the guidelines for an initial brief treatment trial, the request is not medically necessary or established and utilization review decision is upheld. If the patient has been participating in psychological treatment then additional information would be needed to support the request for 10 to 12 sessions. This is not to say that the patient does not require psychological treatment on an industrial basis only that there were insufficient medical records to support this request.