

Case Number:	CM15-0190920		
Date Assigned:	10/05/2015	Date of Injury:	03/06/1995
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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 69 year old female, who sustained an industrial injury on 3-6-95. The injured worker is being treated for bipolar psychosis, schizophrenia, major depressive disorder, post-traumatic stress disorder with psychosis and auditory and visual hallucinations. (EMG) Electromyogram studies performed 8-2015 revealed nerve damage that was pinching left leg and affecting her ability to ambulate. Treatment to date has included back and neck surgeries, group therapy, multiple psychiatric hospitalizations, oral medications including Depakote, Zoloft, Olanzapine, Ativan and Geodon. On 8-17-15, the injured reports she has become a hermit and experiences auditory and visual hallucinations; she also complains of back pain rated 3 out of 10. She is not working. The Beck depression inventory conducted on 8-17-15 revealed moderate depression, Beck anxiety inventory revealed moderate anxiety. The treatment plan included psychiatric and psychopharmacological treatment 4 visits 25 minutes each followed by monthly visits for 6 months and then 3 times a year, discontinuation of medications and 2 times a week individual psychotherapy sessions. On 9-10-15 request for 8 psychotherapy sessions was modified to 4 sessions by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, once a week for 2 months, QTY: 8: 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) recommended 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 one time per week for two months, quantity eight sessions; the request was modified by utilization review provided the following rationale for its decision: "in this case, there is a history of injury, pain and subsequently psychiatric manifestation. The provided no document symptoms and signs of the provided diagnosis. Based on the provided guidelines the request in psychotherapy is modified to four sessions is medically necessary and appropriate." This IMR will address a request to overturn the utilization review decision. According to the provided medical records the patient had a comprehensive psychiatric medical legal initial evaluation report on August 21, 2015. She was diagnosed with: Major Depressive Disorder, single episode with psychotic features; Post Traumatic Stress Disorder with Psychosis. Treatment recommendations included psychiatric evaluation for psychotropic medication with follow-up appointments as well as twice-weekly visits with the psychologist for individual psychotherapy for the first six months to alleviate the patient's depressed mood and returning him (sic) to previous level of effective functioning and to "regulate pain in order to maximize daily functioning return him (sic) to a better level of functioning." Psychiatric treatment progress note from July 8, 2015 indicates a different diagnostic picture: Bipolar 1 Disorder not otherwise specified. The patient is receiving home healthcare services. 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 for the requested eight sessions of psychological treatment is not established by the provided documentation. The MTUS treatment guidelines for psychological treatment recommend an initial brief treatment trial consisting of 3 to 4 sessions in order to determine the effectiveness of the treatment as well as patient benefit as measured by objectively measured indices. No prior psychological treatment history was provided. It is assumed but not known how much prior psychological treatment the patient has received on an industrial basis is any, and this appears to be a request to start a new course of psychological treatment. Initial treatment trial recommended by the MTUS guidelines is in order to determine whether or not the patient is benefiting from treatment prior to authorize additional sessions. Because there were no treatment records from prior discourses of psychological treatment, if any have occurred, the medical necessity of eight sessions at the start of a new course of psychological treatment is found to be excessive in quantity without demonstration of patient benefit from the sessions as well as establishment of medical necessity. Utilization review to modify the request to allow for four sessions which is consistent with the MTUS industrial guidelines for psychological treatment. Therefore the medical necessity of eight sessions is not established and utilization review decision is upheld. This is not to say that the patient does, or does not, need psychological treatment only that the medical necessity of this request as submitted is not medically necessary.