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| Case Number: | CM15-0191601 | | |
| Date Assigned: | 10/05/2015 | Date of Injury: | 09/10/2012 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/21/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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 44 year old female who sustained an industrial injury on 9-10-12. In a progress note dated 7-15-15, the physician reports a history of a right hip arthroscopy, acetabuloplasty, labral repair, and femoral head recontouring (1-13-15). It is reported that her pain is persisting but it is much better than it was prior to surgery. Medications are Aleve, Ambien, Aspirin, Ibuprofen, Naproxen, and Voltaren topical 1% gel. In a psychological evaluation dated 9-15-15, session 12 of 12, the provider notes the focus was on changes she made during her psychotherapy treatment sessions. She rated her depressive feelings at 10 when she first came in for treatment and now rates it at 6-8. She notes the sessions so far have been helpful and noted increased concentration, feeling like she wants to get involved and is more able to "let go" and ask for help. It is noted that sleep remains difficult with increased pain and that her interest level is good but pain prevents her from doing much. The assessment notes improvement in self assessment abilities and is slightly less depressed than when she first started treatment. The goals remain the same as at the initial evaluation; crafting a new identity so she can find new work, and alleviating the debilitating depression. The plan is to await authorization of 12 additional sessions. The requested treatment of 12 additional psychotherapy sessions was modified to certify 8 additional psychotherapy sessions on 9-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Psychotherapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Citation Summary: 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. 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 records do not clearly indicate the exact number of sessions at the patient has received to date. There is an indication that she has received at least 12 sessions. This request is for an additional 12 sessions. The MTUS guidelines recommend a course of psychological treatment consisting of 6 to 10 sessions maximum. The Official Disability Guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions maximum. This request for 12 additional sessions would bring the amount of treatment received to a minimum of 24 sessions. Utilization review modified the request to allow for eight sessions. Assuming the patient has received 12 sessions, bring the total to 20 which represent the maximum quantity recommended by the industrial guidelines. For this reason, the medical necessity the request is not established and utilization review decision is upheld. Therefore, the request is not medically necessary.