

Case Number:	CM15-0192592		
Date Assigned:	10/06/2015	Date of Injury:	04/29/2003
Decision Date:	11/13/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/30/2015

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 is a 49 year old female who sustained a work-related injury on 4-29-03. Progress notes from dates of service 7-29-15 and 8-26-15 revealed the injured worker was seen for a "maintenance" session. She had not had a repeated episode of "hearing voices" during the previous month. She was tearful and shaky but was continuing on her daily activities and schedules. She had more time for family and friends. Her productivity had increased and her isolation had diminished. She was somewhat labile and tentative but could refocus on coping strategies and a review of her progress. The clinical psychologist revealed the injured worker was faithful in her attendance and was prepared and hopeful of support. She had put her plans into action at home and was taking responsibility in developing relationships with her husband. Medical documentation revealed the injured worker had received at least twenty-five psychological counseling sessions since at least 8-4-10 at which time she was diagnosed with major depression, adjustment disorder with anxiety and depression, and pain disorder with medical problem. A request for an additional six sessions of individual psychotherapy was received on 9-18-15. On 9-23-15, the Utilization Review physician determined six sessions of individual psychotherapy was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of individual psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy.

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) Mental Illness and Stress Chapter, 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) recommend 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. Decision: the request was made for six additional treatment sessions, the request was not approved by utilization review with the following rationale provided: "the patient has completed in excess of 30 individual sessions of psychotherapy since January 2012. July 23, 2015 and additional two sessions of psychotherapy was certified in order to facilitate the patient's ability to take coping skills and exercises in the home practice, and to assist the patient in weaning off professional therapy services. As the patient has exceeded the number of visits recommended by evidence based guidelines and there was a previous recommendation for weaning a professional therapy services, the patient should have been instructed about a program of home-based coping and exercise; and further psychotherapy is not indicated this time." 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. According to the provided medical records, the patient has received at a very

minimum 30 sessions of psychological treatment. According to the industrial guidelines for psychological treatment, 13 to 20 sessions are recommended by the official disability guidelines. The patient appears to have exceeded those recommendations, and was afforded a couple of sessions to taper down and transition. Because the patient has exceeded the recommended treatment guidelines based on the Official Disability guidelines for psychological treatment quantity, the medical necessity the request is not established on that basis and therefore the utilization review decision is upheld. Therefore, the request is not medically necessary.