

Case Number:	CM15-0198022		
Date Assigned:	10/13/2015	Date of Injury:	10/19/2012
Decision Date:	11/20/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/08/2015

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 39 year old male who sustained an industrial injury October 19, 2012. Past treatment included pain management and prescribed medication; Lyrica, Norco, Naproxen, Cymbalta and Viagra, and status post lumbar decompression August 14, 2014. Past medical history included hypertension. Medical diagnoses included lumbago; displacement of lumbar intervertebral disc without myelopathy; thoracic or lumbosacral neuritis or radiculitis unspecified. According to an initial intake report, dated September 21, 2015, the injured worker was assessed for psychiatric distress secondary to orthopedic injuries. Mental examination revealed; he appeared to be functioning within the average range of intelligence; affect appropriate; mood depressive, anxious, at times tearful; speaking pitch normal but speaking speed ranged from slowed to accelerated. He scored below the average range both forwards and backwards in the Digit Span Subtests of the Wechsler's Adult Intelligence Scale, an index of attention and short-term memory. He displays appropriate thought progression in content with a coherent sequence of words, sentences; and ideas. Diagnoses are major depressive disorder; anxiety disorder, not otherwise specified. At issue, is the request for authorization for (16) visits of psychotherapy. According to utilization review dated October 7, 2015, the request for Psychotherapy Quantity: 16 was modified to Psychotherapy Quantity: 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 visits of Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

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) 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. A request was made for 16 sessions of psychotherapy, the request was modified by utilization review which provided the following rationale for its decision: "there is a history of injury, pain and oppression. The provided medical records indicate symptoms, and signs supporting the diagnosis, and the need for further treatment. Therefore the request is modified to psychotherapy four sessions as medically necessary and appropriate." This IMR will address a request to overturn the utilization review modification and approve psychotherapy visits. 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 completed an initial intake psychological evaluation on September 22, 2015. The patient received a comprehensive psychological evaluation which resulted in a clinical diagnosis and a recommendation for 16 treatment sessions. In the initial evaluation report, it was recommended the following: "an initial

sixteen (16) psychotherapy visits which should be implemented in an individual and a group cognitive supportive context in conjunction with continued antidepressants as managed by his primary treating physician [REDACTED]." Based on the provided medical records, psychological treatment is supported for this patient at this time. The request for 16 sessions is not consistent with industrial guidelines. Both the MTUS and the Official Disability Guidelines (ODG) recommend an initial brief treatment trial to consist of 3 to 4 sessions (MTUS) or 4 to 6 sessions (ODG). The purpose of the initial treatment trial is to determine whether or not the patient appears to be responding to the treatment with patient benefit including objectively measured functional improvements. In this case, the request for 16 sessions does not follow the recommended treatment protocol for psychological care and is excessive by a factor of four times the recommended quantity. The utilization review decision was to modify the request to four sessions which is consistent with the upper range of the MTUS and the lower range of the ODG for the initial treatment trial. Because the request is found to be excessive for an initial brief treatment trial, the medical necessity the request is not established as submitted and therefore the utilization review determination is upheld. This decision is not to say that the patient does not need psychological treatment, only that the medical necessity of this request as submitted was not medically necessary.