

Case Number:	CM15-0199703		
Date Assigned:	10/14/2015	Date of Injury:	09/10/2012
Decision Date:	11/23/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/12/2015

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 62-year-old female with a date of injury on 09-10-2012. The injured worker is undergoing treatment for major depressive disorder and generalized anxiety disorder. A physician note dated 06-04-2014 documents she has back pain and is still experiencing severe depression. There is a request for Brintellix and Trazadone noted on 06-26-2016. A physician progress note dated 08-06-2015 documents the injured worker is feeling much better with Wellbutrin XL 150mg and Desyrel 50 mg at hs. She states her sleep is much better. Her psychosocial stressors are 3-moderate. Current GAF is 51. She is not working. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included diagnostic studies, medications, and physical therapy, injections, and right shoulder arthroscopy, rotator cuff repair and subacromial decompression on 10-22-2014. Current medications include Desyrel and Seroquel since at least 06-04-2015, Norco, and Robaxin. On 09-24-2015 Utilization Review non-certified the request for Individual psychotherapy once per week for eight (8) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy once per week for eight (8) sessions: Upheld

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

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. Decision: a request was made for "Individual psychotherapy once per week for eight (8) sessions." The request was not approved by utilization review, which provided the following rationale for its decision: "There is insufficient documentation of depression or anxiety issues that have not been addressed by the current treatment regime in order to warrant authorization for psychotherapy at this time. Based on the currently available information and the patient's stability and improvement with psychopharmacological treatment, the medical necessity for individual psychotherapy is not established. Therefore, the request is denied." This IMR will address a request to overturn the utilization review decision for non-certification. 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 provided medical records were very limited, only approximately 50 pages were received most of which related to communication regarding insurance and utilization review approvals with only two or three to clinical provided. The medical records reflect that the patient has been receiving psychiatric treatment and is

currently medicated on Wellbutrin 150 mg and Desyrel 50 mg. According to an August 6, 2015, psychiatric treatment progress note the patient is being seen one time per month for medication management. The patient has been diagnosed with Major Depressive Disorder, and Generalized Anxiety Disorder. There is no psychiatric treatment plan provider other than continue medications and return in one month. The treatment progress note contains virtually no clinical information other than medication and diagnosis. There is no clearly stated rationale for the reason why psychotherapy is being requested now. There is no comprehensive psychological initial evaluation in the medical records and it appears that one may not have been conducted. There is no baseline to establish the medical necessity for this request. There is no clear information regarding whether or not she has received any prior psychological treatment on an industrial basis for this industrial injury. In the absence of more detailed information, the medical necessity of this request was not established to the extent of overturning the utilization review. This is not to say that the patient does not need psychological therapy on an industrial basis, only that the medical necessity of this request was not established due insufficient documentation provided for consideration.