

Case Number:	CM15-0200111		
Date Assigned:	10/15/2015	Date of Injury:	01/25/2013
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
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 59-year-old, female who sustained a work related injury on 1-25-13. A review of the medical records shows she is being treated for right ankle pain, depression and anxiety. In the progress notes dated 9-24-15, the injured worker has depression and anxiety. She has loss of appetite. She has lost interest in things she used to enjoy doing. In the Comprehensive Psychological Assessment dated 8-13-15, she complains of physical pain in right foot and both wrists. She rates her pain level a constant 7 out of 10. She reports emotional complaints of constant worry, difficulty concentrating, low self-esteem, sense of worthlessness, frequent feeling of loss, exhaustion, sleepiness, quick to anger and tearfulness. On physical exam dated 9-24-15, she has appropriate affect. In no acute distress. She has swelling and decreased range of motion in right ankle. Current medications include Tylenol or ibuprofen. She is not working. The treatment plan includes requests for psychotherapy and for a psychiatry evaluation for psychotropic medications. In the Utilization Review dated 9-30-15, the requested treatments of outpatient psychiatry evaluation for psychotropic medication has been modified to certify the outpatient psychiatry evaluation and find the psychiatry evaluation for psychotropic medications is not medically necessary. The requested treatment of psychotherapy to include cognitive behavior therapy and biofeedback, and psychiatric education 2 x 4 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry evaluation for psychotropic medication, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, pg 127; Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: ACOEM chapter 15 page 398 B, Referral. Citation summary, Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. Decision: A request was made for: "Psychiatry evaluation for psychotropic medication, as outpatient" the request was modified by UR to authorize: "Outpatient Psychiatry evaluation one hour only." The following provided utilization review rationale was stated as: "given the reported depression and anxiety, specialists and assess the patient and see what other services might be appropriate. This is the basis for partial certification." This IMR will address a request to overturn the utilization review modification of the request. The medical necessity of the request was not established. The reason why that is this request was written without a specific quantity associated with the request. The request was stated as a request for "psychiatry evaluation for psychotropic medication as outpatient." The request is appropriate, as the patient has reported symptoms of psychiatric issues at a clinically significant level. There is no quantity attached to the request. All requests for psychological or psychiatric treatment at the IMR level must contain a quantity attached otherwise it is considered to be a request for unlimited and open-ended treatment for which the medical necessity would not be established. In this case, utilization review modified the request to allow for outpatient psychiatry evaluation for one hour. Because the request for psychiatry evaluation (unspecified quantity) does not indicate the quantity, being requested the medical necessity was not established and utilization review decision is upheld. This is not to say that the request for psychiatric evaluation is not appropriate for this patient, as it does appear to be, only that the request was not medically necessary.

Psychotherapy to include cognitive behavioral therapy, biofeedback and psych education, 2 times weekly for 4 weeks, 8 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: 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 "Psychotherapy to include cognitive behavioral therapy, biofeedback and psych education, 2 times weekly for 4 weeks, 8 sessions" the request was non-certified by UR who modify another related request for mental health treatment that was submitted at the same time as this request stating that the Psychiatrist would be able to recommend what further treatment is needed. According to the submitted medical records, the patient received a comprehensive psychological assessment that was completed on August 13, 2015. The evaluation included psychometric assessment testing. The results were discussed in detail and included a diagnosis of the following: Adjustment Disorder with Mixed Anxiety and Depressed Mood severe. The patient was thus properly identified, as a person might be able to benefit from psychological treatment on an industrial basis for her industrial related injury. Psychological treatment does appear to be appropriate for this patient now. However, this particular request as submitted is not consistent with MTUS guidelines. The request itself combines three different treatment modalities: Cognitive behavioral therapy, biofeedback, and psych education. The requested treatment was to be held two times a week for four weeks for a total of eight sessions. It is not clear, if this request is for one cognitive behavioral therapy session that would include the biofeedback and psych

education as well as the cognitive behavioral therapy or if this is a request for a separate billable treatment modalities. Because all three of the request for combined into one request, they are treated for the purposes of this IMR as one request. Although the medical necessity for cognitive behavioral therapy treatment has been established by the initial psychological evaluation, the request for eight sessions is not consistent with MTUS or official disability guidelines. The industrial guidelines both recommend an initial brief treatment trial. In the case of the MTUS, an initial brief treatment trial consisting of 3 to 4 sessions is recommended. According to the Official Disability Guidelines, the initial brief treatment trial should consist of 4 to 6 sessions maximum. Purpose of the initial brief treatment trial is to determine patient benefit. Additional sessions can be authorized subsequent to the initial brief treatment trial contingent upon documentation of objectively measured functional improvement and patient benefit. In this case, the request is for eight sessions. This request exceeds the recommendations of the MTUS and official disability guidelines for an initial brief treatment trial and therefore is excessive in the medical necessity is not established on an industrial basis per industrial treatment guidelines. Because this request is excessive, and also because the request is not clear about whether these are separate treatment modalities being requested for one single session that include all of the three mentioned modalities the medical necessity of the request is not established and therefore the utilization review determination 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 established due to excessive quantity for an initial treatment trial and a lack of clarity with respect to exactly what is being requested.