

Case Number:	CM15-0200242		
Date Assigned:	10/15/2015	Date of Injury:	08/25/2010
Decision Date:	11/24/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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 who sustained an industrial injury 08-25-10. A review of the medical records reveals the injured worker is undergoing treatment for major depressive disorder, anxiety disorder, and pain disorder with psychological factor and an orthopedic condition, agoraphobia, and post-surgical left knee arthroplasty. Medical records (09-10-15) reveal the injured worker complains of feeling low, sad, depressed, low energy-motivation, frustrated, and anxious. The physical exam reveals the injured worker scored moderate to severe in the depression and anxiety domains of the DSM-5 Self Rated Level 1 Cross-cutting Symptom measures. She scored as moderate clinical depression on the Beck Depression Inventory, and severely anxious on the Beck Anxiety Inventory. Prior treatment includes psychotherapy, cognitive behavioral therapy, knee surgery, and medications. The original utilization review (09-18-15) non-certified the request for 12 individual psychotherapy visits. A request was made for 12 individual psychotherapy visits, the request was modified by utilization review which provided the following rationale for its decision: "Although the individual psychotherapy would be warranted for this patient, there was a lack of rationale for 12 sessions over an initial 3-4 sessions over two weeks with a reassessment with documented evidence of objective functional improvement prior to additional session. Based on the above, the request for 12 individual psychotherapy sessions with CPT code 90837 is not supported, however, the request is modified to six individual psychotherapy sessions with CPT code 90837." This IMR will address a request to overturn the utilization review modification and allow for 12 individual psychotherapy sessions. The medical necessity the request was not established by the provided documentation.

The provided documentation does support psychological treatment for this patient at this time. The medical records do not support quantity of sessions being requested. Both of the industrial guidelines (MTUS and ODG) recommend an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) and 4 to 6 sessions (ODG). The reason for the initial treatment trial is to establish whether or not the patient is clearly benefiting from the treatment. Continued psychological treatment is contingent upon documentation of objectively measured functional improvement as well as subjective reports of patient benefit. In this case, the request for an initial block of 12 individual psychotherapy visits is not consistent with either of the industrial guidelines for psychological treatment. Furthermore, there's no clear rationale for why this patient might need to have a waiver of the recommended initial brief treatment trial. For this reason the medical necessity for 12 sessions is not established and utilization review modification decision to allow for 6 sessions is upheld.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 individual psychotherapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute (20th annual edition) 2015, Mental Illness & Stress, Cognitive behavioral therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment, Behavioral interventions. 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) 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. 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. Therefore, the request is not medically necessary.