

Case Number:	CM15-0201859		
Date Assigned:	10/16/2015	Date of Injury:	04/23/2012
Decision Date:	11/25/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/14/2015

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 was a 58 year old female, who sustained an industrial injury, April 23, 2015. The injured worker was undergoing treatment for mild neurocognitive disorder due to another medical condition and major depressive disorder, single episode, moderate. According to progress note of March 6, 2015 the injured worker's chief complaint was engaging a brain injury support group where the injured was finding people to relate to and who were willing to overlook the rapid fatigue and tendency to become overwhelmed. According to the progress note of July 23, 2015, the injured worker was well groomed and appropriately dressed. The injured worker was complaining of trouble with her eyes and had gotten a ride to the appointment. According to the progress note of August 13, 2015, the injured worker was devoting two hours a day to try and untangle the mound of paperwork related to her case. There was a significant step the injured worker would not have been able to do this a year ago. The injured worker continued with daily headaches and emotionally overwhelmed. The injured worker previously received the following treatments pain management counseling sessions, Buspar, psychological services and vision therapy. The UR (utilization review board) denied certification on October 13, 2015; for 6 months of weekly psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months of weekly Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CAMTUS, Major Depression or PTSD, TWC, ODG Treatment, Intergrated Treatment/ Disability Duration Guidelines, Mental Illness & Stress, Psychotherapy.

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 weekly psychotherapy visits for six months with a psychologist. The request was modified by utilization review to allow for three months of weekly psychotherapy or 12 visits. This IMR will address a request to overturn the utilization review modified decision and allow for six months of treatment. 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 medical records the request was stated as "the patient would benefit from provision of additional six months of weekly psychotherapy sessions with the psychologist where pain management techniques and cognitive behavioral techniques for management of anxiety and depressive symptoms." This request is for approximately 24 sessions. The MTUS guidelines for psychological treatment recommend a total of 6 to 10 sessions, whereas the official disability guidelines recommend a course of psychological

treatment consisting of 13 to 20 sessions for most patients. Exceptions can be made in cases of Severe Major Depressive Disorder or PTSD with evidence of objective measured functional improvement and patient progress in treatment. In this case the request for 24 sessions exceeds recommended industrial guidelines for psychological treatment. Because the request exceeds industrial guidelines for quantity, the medical necessity the request is not established and therefore the utilization review decision is upheld.