

Case Number:	CM15-0206113		
Date Assigned:	10/22/2015	Date of Injury:	01/19/2009
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/20/2015

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 58-year-old male, who sustained an industrial-work injury on 1-19-09. A review of the medical records indicates that the injured worker is undergoing treatment for major depression. Medical records dated (3-12-15 to 8-27-15) indicate that the injured worker complains of depression, anxiety, apprehension, social isolation, anergia, and grief. The physician indicates that the above findings were confirmed by clinical interview. There are no other significant objective findings noted. Per the treating physician, report dated 4-15-15 the injured worker has not returned to work. Treatment to date has included pain medication, psyche care, behavioral psychotherapy, and coping skills training. The physician indicates in the medical records that the injured worker continues to show evidence of progress and prognosis remains favorable and optimistic. The request for authorization date was 8-27-15 and requested service included Retro Psychotherapy 2 times a month. The original Utilization review dated 10-1-15 non-certified the request for Retro Psychotherapy 2 times a month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Psychotherapy 2x a month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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. A request was made for "Retro Psychotherapy 2x a month" quantity unspecified; the request was non-certified by utilization review which provided the following rationale for its decision: "There is insufficient evidence to support the medical necessity. There is no evidence of treatment plan or information regarding ongoing improvements related to psychotherapy treatment beyond the statement that the patient is improving. The provider does not indicate what the additional services were needed for or what the goal of treatment is. There is a lack of information regarding the IW's past or present treatment plan or ongoing results from this treatment beyond recent report of suggested improvement." This IMR will address a request to overturn the utilization review decision. 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. Decision, The medical necessity of this request was not established by the provided documentation. The request itself does not specify exactly how many sessions are being requested. The request was written as retroactive psychological treatment two times a month with an unspecified quantity of number of months. This is interpreted at the IMR level to be the equivalent of unlimited and open-ended therapy because the number of months is not

specified clearly in the request. In addition, it is unclear how much prior psychological treatment the patient has received since the time of his industrial injury. There are clear indications that he did participate in psychological treatment starting sometime in January 2013. It is not clear, whether or not he received psychological treatment prior to that date or how much treatment was provided subsequently. The industrial guidelines for psychological treatment specifically state that psychological treatment is recommended for properly identified patients with psychological symptomology because of industrial injuries. However, they recommend a treatment consisting of (ODG) 13 to 20 sessions for most patients. An exception can be made to allow for total maximum quantity of treatment sessions up to 50 in some cases of severe Major Depressive Disorder or severe PTSD. In this case, the total number of sessions the patient has received to date is not clear. Additional psychological treatment is also contingent upon the establishment of medical necessity based on patient benefit including objectively measured functional improvement. For these reasons, the medical necessity was not established and utilization review decision is upheld.