

Case Number:	CM15-0207205		
Date Assigned:	10/26/2015	Date of Injury:	04/04/2011
Decision Date:	12/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/21/2015

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 39 year old female, who sustained an industrial injury on 4-4-11. The injured worker was diagnosed as having major depressive disorder. Treatment to date has included psychotherapy. On 9-8-15 the treating physician noted the injured worker "continues to struggle with daily activities and with her ongoing pain and physical limitations. She has been working to increase coping mechanisms and daily functioning; however due to her ongoing pain, she had remained depressed and anxious through the present time." On 9-8-15, the injured worker complained of anxiety and depression. On 9-28-15 the treating physician requested authorization for psychotherapy x4 sessions, twice monthly through 10-30-15. On 9-21-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 4 sessions, twice monthly through 10/30/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, 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: 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) recommended 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: "Psychotherapy 4 sessions, twice monthly through October 30, 2015." Utilization review non-certified the request and provided the following rationale for its decision: "there is documentation that continues therapy would be needed to increase coping and pain management technique, among others. However it was documented that the patient remained depressed and anxious. No prior score levels or current score levels were provided for review addressing objective functional improvement. The patient has undergone at least eight psychotherapy visits. Per guidelines continued treatment is recommended with evidence of objective functional improvement for a total of up to 6 to 10 visits. It would be reasonable to document prior and current score levels/objective benefit to establish medical necessity. The request is not been substantiated. Recommended non--certification." 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. The medical necessity of the requested treatment is not established by the provided documentation. The total quantity of treatment sessions at the patient has received to date is not clearly stated and therefore remains unknown. According to the MTUS and official disability guidelines a course of psychological treatment should consist of 6 to 10 sessions (MTUS) or a maximum of 13 to 20 sessions (ODG). In some cases of very severe Major Depressive Disorder or PTSD (ODG) additional sessions up to 50 can be a provided with documentation of objectively

measured functional improvement. In this case according to a September 28, 2015 notation from the requesting provider the patient was initially seen for psychological treatment in 2011 due to depression and feeling overwhelmed by her injuries. It is unclear when she began psychological treatment on an industrial basis for this industrial injury to her knee. She has been diagnosed with Major Depressive Disorder, moderate with anxiety, now chronic; Psychological Factors Affecting Medical Condition and Pain Disorder Associated with both psychological factors and a general medical condition. Because the total quantity of sessions at the patient has received to date is not clearly stated it is not known whether this request for additional treatment would exceed the industrial guidelines recommendations for the course of psychological treatment. Her diagnosis does not qualify her for the extended course of psychological treatment mentioned in the official disability guidelines. In addition there were no objective measures of patient improvement provided (e.g. psychiatric or psychological assessment tools) based on received treatment. Because there is a notation that the patient started treatment in 2011 it is assumed that she has had more than the eight sessions mentioned in utilization review report however this could not be determined definitively one way or the other. For this reason the request is not medically necessary or established and utilization review decision is upheld.