

Case Number:	CM15-0207773		
Date Assigned:	10/26/2015	Date of Injury:	03/31/2012
Decision Date:	12/10/2015	UR Denial Date:	09/12/2015
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:

This is a 55 year old male who sustained a work-related injury on 3-31-12. Medical record documentation on 8-25-15 revealed the injured worker received an initial psychological evaluation for symptoms related to Major Depressive Disorder with Anxiety Disorder. He reported chronic pain symptoms including low back pain, pain in the bilateral hips and neck pain. Symptoms reported related to Major Depressive Disorder and Anxiety Disorder included social withdrawal, feeling inferior to others, anxiety, fatigue, repetitive thoughts, fearfulness, crying, depression, poor concentration, feeling unhappy all the time, inability to relax or stop worrying, poor self-esteem and loss of interest in usual activities. On mental status evaluation his affect was appropriate and mood was anxious and depressive. His speaking speed ranged from slowed to accelerated. He had no disruption of long-term memory process and had no obvious communication disorder. There was no evidence of an obvious psychotic perceptual disorder and no loosening of associations. He had good insight into emotional consequences. He denied suicidal ideations, intent or plan. The Beck's Anxiety and Depression Inventories placed the injured worker in the mild range of anxiety and in the severe range of depression. His diagnoses were Major Depressive Disorder with secondary anxiety and rule out pain disorder with both medical and psychological factors. The evaluating physician recommended twenty-four psychotherapy visits implemented in an individual and in a group cognitive support context to ameliorate his Major Depressive Disorder and to enhance his chronic pain coping mechanisms. A request for psychotherapy sessions, total 24 sessions was received on 9-8-15. On

9-12-15 the Utilization Review physician determined psychotherapy sessions, total 24 sessions was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy sessions, total 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

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. Decision: a request was made for 24 sessions of psychotherapy sessions, the request was non-certified by utilization review which provided the following rationale for its decision: "In this case, it is unclear how many total sessions the patient has received since 2012 and if any were cognitive behavioral therapy. Attempts to contact the requesting physician were unsuccessful. Since the total number of sessions and objective functional progress has not been reported at this time, the request is recommended non-certified for 24 sessions of individual psychotherapy told further information can be provided." This IMR will address a request to overturn the UR 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 this request was not established because the request exceeds the industrial treatment guidelines without accounting for any prior courses of psychological treatment since the date of injury. MTUS recommends 6-10 sessions whereas the ODG recommends 13-20 max for most patients. Assuming treatment frequency of once per week this would be 6 months of treatment, longer if sessions are to occur less frequently. Both the MTUS and the ODG also recommend an initial brief treatment trial consisting of 3-4 sessions (MTUS) or 4-6 sessions (ODG) with additional sessions contingent on documentation of patient benefit and objectively measured function improvement. In addition, the need for ongoing documentation of medical necessity based on patient benefit could not be conducted. Because medical necessity was not established the UR decision is upheld. This is not a statement on whether the patient does, or does not, need additional psychological treatment, only that the medical necessity of this request as submitted is not supported by the treatment guidelines. This request is not medically necessary.