

Case Number:	CM15-0208901		
Date Assigned:	10/27/2015	Date of Injury:	09/06/2008
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/23/2015

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(n) 35 year old male, who sustained an industrial injury on 9-6-08. The injured worker was diagnosed as having adjustment disorder with mixed anxiety and depression and insomnia. Subjective findings (4-29-15, 7-1-15, 7-29-17 and 8-26-15) indicated reduced anxiety, irritability and depression. Objective findings (4-29-15, 7-1-15 and 7-29-15) revealed the injured worker's though content is less anxious and depressed. He is correctly oriented and judgment and insight are intact. Treatment to date has included individual psychotherapy, Celexa and Xanax. The Utilization Review dated 10-13-15, non-certified the request for six (6) sessions of group medical psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of group medical psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 six sessions of Group Medical Psychotherapy, the request was non-certified by utilization review which provided the following rationale for its decision: "Per telephone consultation with [REDACTED], it was agreed that the course of individual psychotherapy is the most reliable measure as to the patient's progress in treatment. Patient has become more positive about his recovery and accepting his injury and pain. There is increased involvement with peers and physically active. Therefore, the medical necessity is not established in accordance with the current evidence-based guidelines." 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. According to a psychiatric treatment progress note from July 1, 2015, the patient is noted to have improvements in anxiety, tension, irritability, and depression. The patient appears to be improving as a result of his psychiatric treatment. However, psychological treatment progress report from June 29, 2015 indicates that "patient has made some progress towards current treatment goals as evidenced by patient reports of improvement and ability to relax with treatment." The treatment plan is listed as continued cognitive behavioral group psychotherapy and relaxation training/hypnotherapy for eight weeks one time per week. There is no indication provided in the progress notes or medical records whatsoever of how much treatment the patient has received in total to date. This information is needed in order to determine whether additional sessions are consistent with MTUS and or Official Disability Guidelines (ODG). The ODG recommends the course of psychological treatment consisting of 13 to 20 sessions. There is no initial intake psychological evaluation provided for consideration. It is not clear when the patient started psychological treatment. Because it could not be estimated or determined how much treatment the patient has had is not known whether additional psychological treatment would exceed the industrial guidelines or not. Because of this reason the medical necessity the request is not established and utilization review decision for non-certification is upheld. The request is not medically necessary.