

Case Number:	CM15-0209780		
Date Assigned:	10/28/2015	Date of Injury:	04/15/2005
Decision Date:	12/14/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/26/2015

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 65 year old male sustained an industrial injury on 4-15-05. Documentation indicated that the injured worker was receiving treatment for lumbar pain, cervical pain, bilateral shoulder pain, bilateral knee pain and depression. Previous treatment included lumbar decompression and fusion, bilateral shoulder arthroscopy, bilateral total knee replacement, physical therapy, psychotherapy and medications. In the only psychotherapy note submitted for review, a neuropsychology progress note dated 9-24-15, the injured worker "continued to have difficulties with frustration and anxiety" as well as ongoing chronic pain. The injured worker had reinitiated psychotherapy treatment on 8-18-15 and had completed 5 sessions as of 9-24-15. The physician noted that recent visits had assisted the injured worker in coping with current difficulties and reducing depression and frustration. The physician stated that the injured worker was experiencing increasing amounts of depression since psychotherapy received in 2012 and forward. The treatment plan included psychotherapy visits every other week. On 10-14-15, Utilization Review modified a request for psychotherapy twice a month as needed to four psychotherapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2 times month as needed: 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: Citation Summary: 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. Decision: A request was made for "Psychotherapy 2x a month as needed" the request was modified by utilization review to allow for four sessions. Utilization review provided the following rationale for its decision: "However, this request is not specify an endpoint to treatment. Spoke with [REDACTED] acknowledged that the request as submitted was open-ended an agreed to a modified certification to psychotherapy x 4. Therefore, the recommendation is to modify the request for psychotherapy 2 x months as needed to certify four psychotherapy visits." 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 the requested procedure is not established by the provided documentation. The request is open-ended and unlimited as written. Requests for psychological treatment that reached the IMR level need to have a specific quantity associated with the request otherwise they will be considered to be request for unlimited and open-ended treatment for which the medical

necessity would be not established on an industrial basis based on the industrial guidelines. Therefore the utilization review decision is upheld, not medically necessary.