MAXIMUS Federal Services

Case Number:	CM15-0020046		
Date Assigned:	02/09/2015	Date of Injury:	03/28/2012
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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 45 year old male, who sustained an industrial injury on March 28, 2012. He has reported back pain radiating to the left leg, depression, and insomnia. The diagnoses have included degeneration of lumbar lumbosacral disc, sciatica, and disorders of the sacrum. Treatment to date has included medications, home exercise, physical therapy, functional restoration program (completed June 27, 2014), and psychotherapy. A psychotherapy note dated November 17, 2014 indicates a chief complaint of continued back pain. The documentation indicated that the injured worker responded well to therapy. A psychotherapy note dated November 3, 2014 indicated that the injured worker remained mildly depressed with insomnia. The treating physician is requesting psychotherapy once each week for two weeks, six months, twelve visits.On January 12, 2015 Utilization Review denied the request for psychotherapy citing the California Medical Treatment Utilization Schedule, California Chronic Pain Medical treatment Guidelines, and American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 X 2 weeks, 6 months 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines. See al. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 2014 update

Decision rationale: Citation: 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 recommend consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/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) allow a more extended 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. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made.A request was made for 12 additional sessions of cognitive behavioral therapy; the request was non-certified by utilization review. Continued psychological treatment is contingent upon the establishment of medical necessity which includes all 3 of the following factors being present and documented: significant patient psychological symptomology, patient benefit from prior treatment including objective functional improvements, and that the total quantity and duration of sessions is consistent with the above stated treatment guidelines. The patient has to date had at least 24 sessions provided over a span of time that has been approximately one year. The guidelines state that for most patients a course of treatment consisting of 13-20 sessions maximum is sufficient. An exception has is noted in some cases of very severe major depression or PTSD which does not appear to apply in this situation. Although there was sufficient documentation of patient benefit from his psychological treatment the request for 12 additional sessions exceeds the recommended treatment guidelines by 16 sessions not accounting for any that he received while he was in the functional restoration program. Because this request exceeds the recommended guidelines for quantity/duration the medical necessity was not established based on that reason. Therefore because medical necessity is not established the utilization review determination for non-certification is upheld.