

Case Number:	CM15-0022442		
Date Assigned:	02/12/2015	Date of Injury:	11/01/2009
Decision Date:	03/27/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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 59 year old male who sustained a work related injury November 1, 2009, documented as cumulative trauma while performing his usual and customary duties as a firefighter and alleged post-traumatic stress disorder. Past history includes ankle injury 1981, knee and back injuries not otherwise specified, cardiac ablation 1991, and past industrial claims for his right knee, low back heart lungs and psyche. According to a family therapist visit dated January 11, 2015, the injured worker presented markedly improved with reduction of traumatic dreams, which have been limited to times of stress. He is much more in control of his panic attacks and they are much less frequent. The treatment has consisted of systemic desensitization to lessen post-traumatic stress symptoms such as; recurring images and dreams of the traumatic event, isolation and panic attacks. Treatment included breathing exercises, relaxation techniques, thought stoppage and control, positive self-talk, and basic cognitive behavioral therapy. The treating therapist requested ten more sessions of therapy. According to utilization review dated January 27, 2015, the request for Psychotherapy Sessions QTY: (10) once every (2) weeks is non-certified, citing Official Disability Guidelines (ODG), Psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy sessions, QTY: 10, once every 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive therapy for depression

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines. See al.

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. Decision: A request was made for 10 sessions of individual psychotherapy to be held once every 2 weeks. The utilization review determination rationale for non-certification was stated as: "the submitted documentation reflects that the claimant has had psychotherapy sessions. However the submitted documentation does not reflect the amount/duration of any functional benefits obtained from. Also the agreed medical legal evaluation report dated August 10, 2012 not support the medical necessity of psychiatric or psychological treatment. Although a sufficient amount of psychological treatment progress notes were provided, these notes were handwritten for the most part illegible. Continued psychological treatment is contingent upon all 3 of the following factors being documented: evidence of significant patient benefit from treatment, total quantity of sessions consistent with MTUS/ODG guidelines, and documentation of significant patient psychological symptomology. A legible treatment summary was provided by the treating therapist from January 11, 2015 and stated that 10 more sessions are being requested to complete and that they are to be spaced out once every 3 weeks and then eventually once every month as treatment nears completion. Prior treatment has consisted of "systematic the sensitization to lessen such traumatic stressors as reoccurring images traumatic event and isolation. Treatment has also consisted of work on addressing the patient's panic attacks with breathing exercises, relaxation techniques, thoughts stoppage and control, positive self talk and basic cognitive behavioral therapy. There is a note that the patient has "improved markedly with reduction of fanatic dreams that for the most part have been limited to times and that the patient has much more control over panic attack which are decreased in frequency. The request for additional 10 sessions of psychological treatment is not substantiated

as medically necessary by the documentation provided. The official disability guidelines suggest that for most patients a course of psychological treatment consisting of 13-20 sessions is adequate and sufficient. It is noted that in some cases of severe major depression/PTSD that additional sessions up to 50 can be authorized with documentation of significant patient benefit. Although this patient does appear to have symptoms of PTSD as best as could be determined from the paperwork that was provided they don't meet the criteria for a severe disorder. The patient is now over 5 years past the time of his original injury and is retired from the fire department where he worked and is reported to be the source of the traumatic experiences. In addition the documentation provided did not include a comprehensive treatment plan with specific dates of accomplishment for goals. Although some important treatment goals have been met in his psychological treatment including a reduction in panic and intrusive dreams/thoughts the patient appears to have received an adequate course of treatment and in the absence of clear reasons why it should be extended the medical necessity request is not established.