

Case Number:	CM15-0023454		
Date Assigned:	02/13/2015	Date of Injury:	08/17/2007
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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 39 year old female, who sustained an industrial injury on 08/17/2007. The diagnoses have included pain disorder, adjustment disorder with mixed anxiety and depressed mood. Noted treatments to date have included using a heated therapy pool and cognitive behavioral therapy. No diagnostic testing noted in received medical records. In a progress note dated 01/14/2015, the injured worker presented with complaints of significant pain, physical limitations, sleep disturbance, depression, and anxiety. The treating physician reported that therapy continues to focus on reducing her anxiety and depression. Utilization Review determination on 01/23/2015 non-certified the request for Psychotherapy x 8 (1 session every 2 weeks) citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1x2for 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions, Cognitive Behavioral Therapy, Psychotherapy Guidelines: see a. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, cognitive behavioral therapy, psychotherapy guidelines 2/2015 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 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. According to the provided medical records, the patient has been receiving psychological treatment 1-2 times a month or more for 3 years. Treatment guidelines specify 13-20 sessions for most patients and up to 50 in cases of Severe Depression/PTSD Contingent upon medical necessity being established and documentation of significant patient benefit from prior treatment sessions and progress being made. In this case the patient has likely already exceeded the maximum quantity of sessions that is reserved for patients with the most severe cases of psychological symptomology. Continued psychological treatment is contingent upon the total quantity of sessions being consistent with the MTUS/official disability guideline recommendations as well as documentation of significant patient benefit from prior treatment and continued industrial related psychological symptomology. Almost no documentation was provided for consideration for this review. There is no discussion whatsoever of the mechanism of injury and how it resulted in psychological symptomology. There's no information provided whatsoever regarding patient benefit from treatment in terms of subjective or objectively measured indices or outcome. There is no specific information regarding exactly how much treatment she has received to date other than 1 to 2 times a month for a period of 3 years. Because of these reasons, and because this request exceeds the guidelines for psychological treatment, the medical necessity of the request is not established and therefore the request to overturn the utilization review determination for non-certification is not approved.