

Case Number:	CM15-0024195		
Date Assigned:	02/13/2015	Date of Injury:	06/16/2012
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
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 37 year old female, who sustained an industrial injury on June 16, 2012 and June 18, 2012. She has reported severe left and right hand pain and suicidal ideations associated with pain. The diagnoses have included post-traumatic stress disorder (PTSD). Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, psychotherapy, pain medications, anti-psychotic medications, work restrictions and life style modifications. Currently, the IW complains of intense anxiety, disturbing nightmares and interrupted sleep. The injured worker reported an industrial injury in 2012, resulting in severe left and right hand pain and suicidal ideations associated with pain. She reported being attacked by a male patient on two different dates injuring the bilateral hands and requiring surgical intervention on the left hand. It was noted on March 13, 2014, she attempted suicide with a Xanax overdose. She required psychotherapy and anti-psychotic medications. It was noted on a December 29, 2014 evaluation she slips into a heightened panic anxiety attack with a racing heart and sweating and begins to regress and employ suicidal ideations as the only way she understands to remove herself from anxiety-laden situations. Further psychotherapy was requested. On January 12, 2015, Utilization Review non-certified a request for 12 individual psychotherapy sessions, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 12, 2015, the injured worker submitted an application for IMR for review of requested 12 individual psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 individual psychotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis and Management of Post-traumatic Stress Disorder American Family Physician. 2003 Dec 15;68(12):2401-2409

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 Official disability guidelines, mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, February 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 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 in treatment. Continued psychological treatment is contingent upon all 3 of the following factors being evidenced: significant patient industrial related psychological symptomology, that the total quantity of sessions provided is consistent with above-stated MTUS/official disability guidelines, and that there is evidence of significant patient benefited from prior treatments including objectively measured functional improvements. The utilization review determination for non-certification stated that: "the claimant has completed prior therapy without an improved status. Based on that data, there is a lack of data support this continued therapy. The current clinical data would only support the need for oral medications for the mental health pathology. The use of oral mental health medications is the standard of care for severe mental health pathologies, including suicide." This IMR will address a request to overturn that decision. The medical records that were provided for consideration do reflect the patient having significant patient psychological symptomology that indicates a need for treatment. However, the total duration of treatment and quantity of sessions provided to date has not been clearly stated in a way that would allow an assessment to be made on whether the request for additional sessions is consistent with the above stated guidelines. The official disability

guidelines state that for most patients a course of treatment consisting of 13 to 20 sessions is sufficient. However an exception can be made in some certain cases of severe psychological symptomology including severe major depression and PTSD. In those cases up to 50 sessions can be allowed as long as there is documentation of patient benefit in terms of objectively measured functional improvements. The utilization review rationale for non-certification contains errors in that psychological treatment is an acceptable adjunct of treatment with medications in cases of severe major depression including suicidality. Secondly, the medical records do reflect some limited patient benefit from prior treatment, although no objectively measured indices of improvement were readily found (improved activities of daily living reduction in future medical treatment, reduction in work restrictions if applicable). Because the total quantity of sessions that the patient has received to date could not be provided or estimated the medical necessity of the request could not be established. Because medical necessity the request could not be established the request to overturn the utilization review determination for non-certification is not approved.