

Case Number:	CM15-0211904		
Date Assigned:	10/30/2015	Date of Injury:	05/14/2011
Decision Date:	12/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/28/2015

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 36 year old female with an industrial injury dated 05-14-2011. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder single episode and anxiety disorder, not otherwise specified. According to the progress note dated 09-18-2015, the injured worker reported her mood as "okay but lately it has been a little more depressed than usual" the injured worker also reported increased appetite, impaired concentration, energy "sluggish", and diminished interest in activities. Objective findings (09-18-2015) revealed adequate concentration, insight and judgment, no gross memory deficits, depressed and anxious mood, normal emotional expression, no thoughts of wanting to harm herself or others and no auditory or visual hallucinations. Treatment has included prescribed medications, cognitive behavioral therapy and periodic follow up visits. The utilization review dated 09-29-2015, non-certified the request for 12 sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of psychotherapy: Overturned

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): Psychological treatment, Behavioral interventions. 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: 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. A request was made for 12 sessions of psychotherapy, the request was non-certified by utilization review which provided the following rationale for its decision: "In this case, it was unclear how many total sessions the patient had received since 2012 and if any were CBT. Attempts to contact the requesting physician were unsuccessful. Since the total number of sessions and objective functional progress had not been reported at this time, the request is recommended non-certified for 12 sessions of psychotherapy at this time since the request exceeds the guidelines and the total number of sessions received with objective functional progress is not been received yet." This IMR will address a request to overturn the utilization review decision for non-certification. The request for psychotherapy treatment was noncertified by utilization review based on a lack of information regarding the total quantity of prior treatment sessions provided to date on an industrial basis. This information appears to have been presented in a PR-two from October 16, 2015 by the patient's psychiatrist [REDACTED] who reported the following patient psychological, psychotherapy treatment history: the patient reported seeing [REDACTED] at the end of 2011 privately for three or four months, approximately 24 sessions, but it was not on an industrial basis and not reimbursed by Worker's Compensation. She reported also that she was never treated with psychotherapy through Worker's Compensation since 2012 and indicated that she has not received cognitive behavioral therapy sessions to her knowledge. The issue of prior therapy is not entirely clear but the requesting psychiatrist mentions that a prior history of psychotherapy was years ago. It is noted that the current treatment is being requested to help the patient deal with emotions and pain about returning to work. The psychiatrist further states (the

patient) receive psychotherapy in 2011 and/or 2012 and none since. According to her report there were no specific CBT sessions. It was also further reiterated that the psychotherapy that was procured was on a non-Worker's Compensation basis although during the treatment she was discussing the effects of her injury on her life was not reimbursed. Based on the above stated information, which appears to not have been made available, the time of the utilization review decision, as well as additional information in the medical chart, the patient does appear to be an appropriate candidate for psychological treatment. The request for 12 sessions is not entirely consistent with MTUS and industrial guidelines. Both the MTUS and the official disability guidelines recommend that an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions (ODG) should be utilized in order to determine if the patient is benefiting from treatment. In this case although the request does not include a brief treatment trial, it would be reasonable to offer an exception in this case to bypass the initial treatment trial due to delay in receiving treatment, and because the patient has not received prior psychological treatment on an industrial basis, the request is medically necessary and established the utilization review decision is overturned and the request for 12 sessions of psychological treatment is approved on an industrial basis. It should be noted that no further treatment should be authorized without clear documentation of patient benefit including objectively measured (psychological assessment tools) of patient benefit from treatment provided especially in light that the initial and typically required treatment trial has been waived is a consideration.