

Case Number:	CM15-0213114		
Date Assigned:	11/02/2015	Date of Injury:	10/21/2004
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/29/2015

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 54 year old female, who sustained an industrial injury on 10-21-2004. The injured worker is undergoing treatment for major depressive disorder and post traumatic stress disorder (PTSD). Medical records dated 8-28-2015 indicate the treating physician provides the injured worker "continues to identify grief, sadness, anxiety, worry and reports having low self-esteem. She often reports feeling overwhelmed, stressed and having difficulty managing interactions with peers, family and everyday experiences." Objective findings dated 8-28-2015 note frequent yawning, decreased energy and difficulty making decisions. Treatment to date has included individual therapy and medication. The original utilization review dated 10-19-2015 indicates the request for individual psychotherapy 2 X 24 is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 2 times a week for 24 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. 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) recommend 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. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. A request was made for individual psychotherapy two times a week for 24 visits; the request was determined to be not medically necessary by utilization review, which modified the request to allow for "for final weekly individual psychotherapy sessions are medically necessary to address any termination issues." The rationale provided by utilization review for its decision was stated as "the claimant has received extensive psychotherapy and has made very limited objective functional improvement. She is unlikely to benefit from continued psychotherapy. However, for final sessions should be authorized to address any termination issues." This IMR will address a request to overturn the utilization review decision. In a letter from the requesting provider November 17, 2015 regarding this request, it is noted that the patient is still experiencing and reporting psychological symptomology the clinically significant level, has made some progress in her ability to cope with her depression and anxiety with increased functionality reported and documented in several areas of her life. The medical necessity the request was furthered discussed by the requesting provider stated that the patient had significant losses suffered including loss of house and marriage related to her work injury and that her prognosis is good if she adheres to the treatment plan. The medical necessity

the requested treatment is not established by the provided documentation, all the provided medical records were carefully considered for this IMR. The included approximately 77 pages, in addition to the already mentioned letter from the provider there was only one in treatment session progress note from August 25, 2015 regarding the patient's psychological treatment. Also included was a comprehensive psychiatric evaluation from October 4, 2006. No documentation was provided whatsoever regarding any of the following issues, which would be necessary for establishing medical necessity: total quantity of sessions received to date, documentation of objectively measured functional improvement (e.g. psychological and psychometric assessment instruments). In addition, the request for 24 sessions to be held two times a week is not substantiated. There is no rationale stated why the patient needs to be seen two times per week. There is no stated reason why 24 sessions is needed at this juncture. MTUS guidelines for psychological treatment recommend the total maximum of 6 to 10 sessions. The ODG guidelines (Official Disability Guidelines) recommend 13 to 20 sessions. An exception is made in the ODG to allow for up to 50 sessions in cases of the most severe symptomology of Major Depressive Disorder or severe PTSD. In this case it appears the patient is most likely exceeded this exception that is reserved for the most severe cases of psychological and psychiatric distress however that could not be established definitively because there's no information provided regarding this course of psychological treatment that has been provided. Because the medical record was found from 2006 recommending psychological treatment is thought that the patient perhaps has been in treatment for many years and this was also mentioned in the utilization review. For these reasons, the request is not medically necessary and utilization review determination for non-certification is upheld.