

Case Number:	CM15-0213807		
Date Assigned:	11/03/2015	Date of Injury:	12/11/2002
Decision Date:	12/16/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/30/2015

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 55 year old female, who sustained an industrial injury on 12-11-2002. The injured worker is undergoing treatment for major depressive disorder, generalized anxiety disorder and pain disorder with both psychological factors and an orthopedic condition. Medical records dated 9-11-2015 and 9-23-2015 indicate the injured worker complains of right shoulder pain and feeling overwhelmed, helpless and depressed. The treating physician indicates "psychotherapy helps reduce symptoms of depression and maintain her current level of function," and "during the times when she has been without psychotherapy for several months, her depressive episodes increase in frequency and severity." Physical exam dated 9-11-2015 notes mood is dysthymic, "she appeared angry and sad." "She endorses anhedonia, social withdrawal and self-depreciating thoughts." Treatment to date has included 75 individual psychological visits, multiple shoulder surgeries, carpal tunnel release, physical therapy and medication. The original utilization review dated 9-30-2015 indicates the request for psychotherapy X 6 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

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) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 update.

Decision rationale: Citation Summary: 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. A request was made for six sessions of psychotherapy, the request was non-certified by utilization review which provided the following rationale for its decision: "at this time it appears that further psychotherapy is not medically warranted. The patient has had 75 treatments to date which is beyond the 50 sessions is recommended for major depressive disorder or PTSD. The patient was diagnosed with having moderate major depressive disorder. The 75 prior sessions should have been sufficient for to acquire tools to manage the stress, anxiety and depression. Therefore based on this discussion, six sessions of psychotherapy as non-certified." This IMR will address a request to overturn the utilization review decision. 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. According to the provided medical records, the patient has been receiving psychological treatment at least since January 11, 2011 with several different treating providers, the patient's date of injury was reported on December 11, 2002 and additional psychological treatment history between 2002 in 2011 was not included in the provided medical records. According to the utilization review the patient has received

at least 75 sessions of psychological treatment to date on an industrial basis. The MTUS guidelines recommend a course of psychological treatment to consist of 6 to 10 sessions whereas the ODG Official disability guidelines recommend 13 to 20 for most patients. An exception can be made in the case of severe major depressive disorder or PTSD symptoms (ODG) to allow for 50 sessions for one year of treatment, in this case the patient has apparently already exceeded this guideline. The request for six additional sessions would bring the total to anyone sessions at the minimum that the patient has received. Because this request exceeds the recommended treatment guidelines, the finding of this IMR is that the medical necessity is not established for further psychological treatment on that basis. Because medical necessity was not established the utilization review determination for non-certification is upheld. The request is not medically necessary.