

Case Number:	CM15-0215341		
Date Assigned:	11/05/2015	Date of Injury:	07/20/2002
Decision Date:	12/16/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/02/2015

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:

This is a 54 year old female with a date of injury of July 20, 2002. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder with suicidal ideation. Handwritten medical records dated September 1, 2015 indicate that the injured worker complained of intense bitter hopelessness and helplessness. Records also indicate that the injured worker reported having no support system. A handwritten progress note dated September 30, 2015 documented that the injured worker felt less desperate. Per the treating physician (September 30, 2015), the employee was temporarily partially disabled. The exam dated September 1, 2015 reveals that the injured worker was developing rapport with the physician. The progress note dated September 30, 2015 documented an examination that showed better rapport with the physician, less intense suicidal ideation, and anger toward employer. Portions of the progress notes were difficult to decipher. Treatment has included psychotherapy and medications (Xanax and Trazodone). The utilization review (October 30, 2015) non-certified a request for ten to twelve sessions of psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological treatment 10-12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG 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: 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 "8 -10 psychotherapy sessions", and "10-12 psychological Treatment Sessions" the request for 8-10 psychotherapy sessions was approved whereas the request for 10-12 psychological treatment sessions was non-certified. Utilization explained the rationale for the non-certification as: Successful peer-to-peer call requesting physician advised that the two redundant requests were actually an error because he submitted the RFA twice. 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. Given that the request was submitted reportedly in error according to utilization review is not clear why this IMR was being requested. There's no stated additional information from the requesting provider as to the purpose of this request and 8-10 psychotherapy sessions has been approved for the patient and that the request was reportedly made in error. Without further clarification from the requesting provider regarding the nature of this request, the medical necessity was not established and utilization review decision is upheld.