

Case Number:	CM15-0216787		
Date Assigned:	11/06/2015	Date of Injury:	06/06/1999
Decision Date:	12/18/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/03/2015

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 50 year old female, who sustained an industrial injury on 6-6-1999. Diagnoses include major depressive disorder, single episode, moderate to severe, insomnia type sleep disorder due to pain, and female hypoactive sexual desire disorder due to pain. Treatments to date were not documented in the records submitted for this review. On 9-30-15, she complained of radiating physical pain and depression secondary to physical pain. She reported sleep disorder and hypoactive sexual desire. In addition, she reported headaches secondary to pain. There were no objective physical findings or objective mental evaluation findings documented. The plan of care included psychotherapy and related services. The appeal requested authorization for twelve (12) individual psychotherapy sessions, once session per week for twelve (12) weeks. The Utilization Review dated 10-26-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy, 1 time weekly for 12 weeks, 12 sessions: Upheld

Claims Administrator 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: Mental Illness & Stress - Cognitive behavioral therapy for depression; CBT guidelines for chronic pain; 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. 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. A request was made for Individual psychotherapy one time per week for 12 weeks, the request was non-certified by utilization review which provided the following rationale for its decision. The patient has had 26 sessions to date. Additional sessions are requested. However, guidelines note that only with evidence of objective functional improvement should additional sessions be authorized. This is not documented in this case. There is no indication of pain levels are specific functional improvements related to the previous psychotherapy sessions. As such, the request for psychotherapy is non-certified. This IMR will address a request to overturn the utilization review decision. The provided medical records were insufficient to establish the medical necessity of additional psychological treatment for this patient. The medical records that were provided consisted almost entirely of communications regarding treatment requests and insurance responses to those requests. Virtually no psychological treatment information was provided by the requesting clinician. A couple of very brief illegible handwritten PR-2 notes were included but these notes do not provide sufficient

detail to illuminate what the treatment is consisting of. There is no comprehensive psychological treatment plan nor is there an intake or assessment provided there is virtually no clinical information provided for consideration other than what is reported by a number of utilization review decisions. In the absence of a comprehensive treatment plan with stated goals and estimated dates of accomplishment and detailed discussion of the patient's progress in treatment including objectively measured functional improvement indices (for example psychological assessment instruments as well as noted changes in activities of daily living, medication reduction etc.) as well as comprehensive information regarding the patient's psychological treatment history with information regarding how much treatment the patient has had (26 sessions has been reported to date, however it is unclear if this is a comprehensive number or not. The medical necessity of this request was not established. This is not to say that the patient does, or does not, require further psychological treatment on an industrial basis, it is a statement that the medical records that were provided were insufficient to document this request. Because medical necessity was not established, the utilization review decision is upheld. The request is not medically necessary.