

Case Number:	CM15-0221374		
Date Assigned:	11/16/2015	Date of Injury:	11/15/2013
Decision Date:	12/24/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/10/2015

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 49 year old male, who sustained an industrial injury on 11-15-13. Medical records indicate that the injured worker is undergoing treatment for third degree electrical burns to the left palm and hand, status-post skin graft to the left hand, bilateral shoulder pain, acute atrial fibrillation and post-traumatic stress disorder and anxiety. The injured worker is currently temporarily totally disabled. On (9-25-15) the injured worker was evaluated for his current psychiatric status and clinical progress. The referenced progress report notes that on 9-10-15 the injured workers anxiety had increased (5-minimal to 9-minimal), depression increased (18-mild to 19-mild) and symptoms of post-traumatic stress disorder were unchanged. On 9-25-15 the injured worker had lingering emotional distress from the previous session. The injured workers anxiety, depression and post-traumatic stress disorder were unchanged. The treating physician recommended continued individual psychotherapy, consisting of relaxation training, systematic desensitization ad behavioral management. Treatment and evaluation to date has included medications, cortisone injections to the shoulder, physical therapy, psychotherapy and biofeedback, right hand debridement of burns, left hand skin grafting and a right shoulder arthroscopy. Current medications include Percocet, Gabapentin, Nucynta and Trazodone. The Request for Authorization dated 9-28-15 included a request for psychotherapy times 6. The Utilization Review documentation dated 10-6-15 non-certified the request for psychotherapy times 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) 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 six psychotherapy sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "IW has had approximately 41 sessions since February 18, 2014. No documented re-injury. Based on the fact that the IW has already had very extensive 41 sessions of similar psychotherapy with some documented sustained functional improvement and without new hard clinical indications for the need for additional six sessions, according to the MTUS guidelines the request is not medically necessary." 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 a April 30, 2015 psychological

status report from the patient's primary treating psychologist, the patient has been diagnosed with Posttraumatic Stress Disorder and Pain Disorder Associated with Both Psychological Factors and General Medical Condition. Patient has been making objectively measured functional improvement in the course of his treatment and treatment progress has been well documented by the requesting and treating psychologist. According to a similar report from the patient's psychologist September 25, 2015, although it appears that the difference psychologist may have been providing the treatment and the one who wrote the report. It was noted that on psychometric testing there was increased anxiety and depression while symptoms of PTSD were unchanged and catastrophize and beliefs were decreased. The increases were attributed to a recently completed job interview. Along with functional improvements was included as well as treatment goals. At this juncture it does appear that the patient has been benefiting and making progress in treatment. Taken as a whole, the medical records reflect that the patient has received a generous quantity of psychological treatment. Utilization review estimates treatment duration and 42 sessions. The treatment has been well documented and the patient does remain symptomatic at a clinically significant level although reduced from baseline at the start of treatment. In addition the patient has been getting ready to return to work and participating in job interviewing. However the patient has received a quantity of treatment that exceeds the recommended guidelines per ODG. The official disability guidelines recommend 13 to 20 sessions for most patients to make an allowance for up to 50 sessions for patients with symptoms of severe major depressive disorder or PTSD. In this case the patient has received extra sessions beyond the recommendations for his diagnosis. Because the request does appear to exceed MTUS and ODG guidelines for the patient's diagnosis, the medical necessity of the request for further sessions is not established and utilization review decision is upheld.