

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0223636 | | |
| Date Assigned: | 11/19/2015 | Date of Injury: | 03/06/2015 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 11/04/2015 |
| Priority: | Standard | Application Received: | 11/13/2015 |

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 03-06-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for electrical injury resulting in an 8 foot fall and closed head injury as well as other physical injuries. Current psychological complaints include "brain shaking" with shortness of breath, dizziness and fatigue, sharp shooting pain in the back of the head, a feeling of his left ear "detaching from his head" and a sensation of "ants in his ear", night mares, auditory hallucinations, and frustration and fear of dying. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW is allowed to work with restrictions. The psychiatric evaluation, dated 09-28-2015, reported that the IW exhibited a high degree of depression and anxiety, experiencing mild symptoms of major depressive disorder, and strong traits of personality disorder. Relevant treatments have included: physical therapy (PT), work restrictions, and medications. The treating physician indicates that that the IW shoulder undergo a trail of 8 sessions of psychotherapy to help with anxiety issues, panic attacks, abnormal sensations, and depression. The request for authorization (10-08-2015) shows that the following service was requested: psychotherapy, once weekly for 8 weeks. The original utilization review (11-04-2015) non-certified the request for psychotherapy, once weekly for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, once weekly for 8 weeks, per 10/08/15 order QTY: 8: Upheld

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

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 psychotherapy, once weekly for eight weeks, for October 8, 2015 order quantity: 8; the request was non-certified by utilization review. The request was made at the same time as a consultation with a psychiatrist which was approved. Utilization review provided the following rationale for its decision: "I returned a voice message from [REDACTED], who indicated that the patient has delusional findings on exam which she would like further it be evaluated by a psychiatrist. We agreed that psychotherapy will be placed on hold until after the psychiatric evaluation and recommendations are available." Decision: all the medical records provided for this IMR were carefully considered and consisted of approximately 190 pages. The reporting mechanism of injury is that the patient was electrocuted and fell off a ladder approximately 7 feet, was thrown forward to the ground and lost conscious briefly and was having trouble standing when he regained consciousness and was taken to the hospital. A comprehensive neuropsychological consultation from September 28, 2015 by [REDACTED] was found in the provided medical records and may not have been available at the time of the utilization review determination. However, the psychiatric report mentioned by utilization

review in its rationale for non-certification was not made available and it's not clear whether or not it has been completed. Despite a lengthy and comprehensive report, significant diagnostic questions remain regarding this patient. Despite this, it was the conclusion of [REDACTED] that psychological treatment would be appropriate. In addition utilization review agreed to reconsider the issue of psychological treatment at the conclusion and submission of the psychiatric evaluation. Because the psychiatric evaluation was not provided for consideration for this IMR, and because there is considerable diagnostic questions, psychological treatment should be provided subsequent to the completion of the psychiatric report in order to determine the patient's diagnosis which would dictate any psychological treatment if determined to be appropriate and medically necessary by the psychiatrist. In this case the summary evaluation would be that the request for eight sessions of psychological treatment would be premature in the absence of psychiatric report. This is not to say that psychological treatment is, or is not appropriate for this patient only the medical necessity should be established by the evaluating psychiatrist due to the above-mentioned reasons. In addition this request is for eight sessions, both the MTUS and the ODG guidelines recommend an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) and 4 to 6 sessions (ODG) the purpose of the initial brief treatment trial is to determine whether or not the patient is benefiting from psychological treatment prior to the authorization of additional sessions. This request is for eight sessions which is more than both the MTUS and the ODG recommended guidelines for an initial brief treatment trial. For these reasons the request is not medically necessary and utilization review decision is upheld.