

Case Number:	CM15-0033283		
Date Assigned:	02/26/2015	Date of Injury:	05/19/2014
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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 56 year old male, who sustained an industrial injury on 5/19/14. He has reported migraines, sensitivity to light and concentration problems. The diagnoses have included lumbar degenerative disc disease, cervical degenerative disc disease and post concussion syndrome. Treatment to date has included psychological tests, MRI and oral medications. As of the PR2 dated 1/6/15, the injured worker reports severe mental confusion and difficulty with concentration and forgetfulness. The treating physician requested individual psychotherapy 10 visits over three months. On 1/27/15 Utilization Review modified a request for individual psychotherapy 10 visits over three months to individual psychotherapy 4 visits over two weeks. The utilization review physician cited the ODG cognitive behavioral therapy guidelines for chronic pain. On 2/19/15, the injured worker submitted an application for IMR for review of individual psychotherapy 10 visits over three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 10 Sessions over 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy for chronic pain; see also psychological treatment Page(s): 23-24; see also 101-102. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, cognitive behavioral therapy, psychotherapy guidelines, March 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 measureable/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) allow a more extended 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. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: According to a primary treatment physician progress note from December 17, 2014, under the category review of systems, the patient "denies depression anxiety and insomnia." In contrast the note later states that "he will continue to take Xanax 0.5 mg one tablet b.i.d. PRN and is awaiting a psychiatric evaluation who (the Psychiatrist) will take over medication management for his anxiety and depression." A psychological consultation from January 6, 2015 states that the patient has severe mental confusion and slowed thinking with difficulties and concentration and forgetfulness as well as symptoms of irritability, chronic fatigue, anxiety, panic attacks, and depression. With regards to the request for 10 individual psychotherapy sessions to be held over 3 months. The request was properly modified by utilization review. In this case psychological treatment does appear to be indicated and medically necessary the patient has been properly identified as someone who may benefit from psychological treatment. Because the MTUS/official disability guidelines have a specific treatment protocol which state that an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) or up to 6 sessions (official disability guidelines) must be tried at the start of a new course of psychological treatment. The reason for an initial brief treatment trial is to determine whether or not the patient is benefiting from psychological care with progress in treatment and objectively measured indices of patient improvement. The brief treatment trial is also intended to help identify patients who are not responding to treatment and to make alternative treatment plans if appropriate. If the patient responds to the initial treatment trial with progress and improvement additional sessions can be offered contingent upon evidence of medical necessity which is typically exemplified by continued patient psychological symptomology, total quantity

of sessions falling within the above stated treatment guidelines, and has already been mentioned patient benefit/objectively measured functional improvements. Additional sessions can be offered for most patients the guidelines are for 13-20 sessions but in some cases of severe major depression/PTSD additional sessions up to 50 can be offered contingent upon documentation of progress and improvement. In this case, the initial treatment trial is particularly important given the fact that the patient has significant symptoms of head injury which may require alternative neurologically based treatments if cognitive behavioral treatment is not helpful. Because the request for 10 sessions does not take into account this recommended treatment protocol which is mentioned in both the MTUS and the official disability guidelines, the medical necessity of the request is not established based entirely on this reason and the utilization review modification was appropriate and therefore their decision is upheld.