

Case Number:	CM15-0033420		
Date Assigned:	02/26/2015	Date of Injury:	12/28/2001
Decision Date:	04/07/2015	UR Denial Date:	02/12/2015
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 58 year old male, who sustained an industrial injury on 12/28/2001. The details of the initial injury were not submitted for this review. The diagnoses have included chronic intractable low back pain, major depression, inguinal hernia and status post right total hip arthroplasty. Treatment to date has included medication therapy, a chronic pain management program, aquatic therapy, physical therapy, group therapy and individual psychotherapy. Currently, the IW complains of continued pain in the back, shoulder, with radiation to bilateral lower extremities. There was relief with medications and aquatic therapy documented. Physical examination from 11/11/14 documented no acute findings. The plan of care was to continue medication therapy, psychological therapy, and obtaining a gym membership. There was a provider letter dated 10/7/14, documenting dates of psychotherapy visits that described some improvement with anger and agitation, however, elements of an explosive personality and atypical depressive disorder continued with concern regarding continuation of being at risk. The request was to continue visitations at the same level of care. On 2/12/2015 Utilization Review non-certified a reduction of psychotherapy to once every two weeks as opposed to every week, noting the documentation supports that the individual continued to be high risk. The MTUS Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of a reduction of psychotherapy to once every two weeks as opposed to every week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reduction in Psychotherapy to once every two weeks as opposed to every week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological treatment; see also cognitive behavioral therapy, psychotherapy guidelines Page(s): 101-102; see also 23-24. 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 treating physician progress report (PR-2) 11/11/14 the patient is diagnosed with Major Depression. The treatment plan is listed as "continue psychological support of therapy in both individual and group sessions with [REDACTED] for chronic intractable pain, developing coping skills, and developing ongoing supportive therapy for chronic pain and disability. According to a treatment progress note from his primary treating psychologist from October 7, 2014 the patient continues to be seen in individual psychotherapy and chronic pain management group. Seven dates of service are listed from September 2, 2014 through October 7, 2014, but the total quantity of sessions provided to date was not noted. It appears that the patient received both individual and group therapy on each date of service. It is noted that he continues to report frequent episodes of intense anger and road rage that there is some improvement and he is overtly quieter and less agitated and presents with chronic pain disorder and atypical depression with evidence of explosive personality and is considered to be at risk with therapy continuing throughout the rest of the year (2014). The utilization review rationale for its decision was stated as: (according to)

██████ this is a maintenance case and he noted that the claimant has had treatment to date which far exceeds MTUS guidelines. There is insufficient documentation of significant progress with treatment to date to warrant continuing to exceed MTUS guidelines."The treatment request itself is nonspecific in terms of quantity of treatment sessions being requested. Continued psychological treatment is contingent upon the requested treatment sessions being specified so that it can be determined whether or not the request falls within MTUS/official disability guidelines. Regardless, as was stated in the UR decision, the patient has already exceeded guidelines in terms of quantity so therefore this request would not be medically necessary based on that issue and without supporting documentation exemplifying why a rare exception might be necessary in this case. The medical necessity of continued psychological treatment is contingent upon documentation of significant patient benefit from treatment including objectively measured functional improvements as well as the total quantity of sessions being requested being consistent with MTUS/official disability guideline recommendations, in addition to evidence of significant patient psychological symptomology that is responsive to treatment. The recommended session quantity in the official disability guidelines is 13-20 sessions for most patients although in some cases of severe major depression/PTSD up to 50 can be provided with evidence of objectively measured functional improvement contingent upon documentation of medical necessity. Because these criteria were not adequately met by the provided documentation, medical necessity was not established and the utilization review determination is upheld.