

Case Number:	CM15-0042921		
Date Assigned:	03/13/2015	Date of Injury:	08/29/2008
Decision Date:	04/17/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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 45 year old female, who sustained an industrial injury on 8/29/08. She has reported a back injury at work while working as a housekeeper after lifting heavy laundry bags into a bin. The diagnoses have included major depressive disorder, personality disorder, chronic low back pain and history of multiple miscarriages. Treatment to date has included medications, activity modifications, conservative care, Home Exercise Program (HEP) and psychological care. Currently, as per the physician psychological narrative report dated 12/3/14, the injured worker complains of experiencing chronic back pain and affective disturbance as a result of her work related injury. She notes that her pain is worse this week due to the cold weather. She was frustrated because a physician has not seen her and no medication has been provided to her. She was taking Advil for the pain. It was noted that she has benefitted from the care received to date. She is more jovial, optimistic and self-assured. She participates in more pleasurable activities, makes less self-disparaging remarks, and is less socially isolated. It was also noted that she is more accepting of her physical limitations and indicates that her depression and anxiety have decreased about 50 percent. The Treatment Plan included additional care to help her cope with the effects of her industrial injury, to further and consolidate her psychological gains and keep her from decompensating emotionally. Therefore, the physician request was for authorization for additional psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary last updated 11/19/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102, see also 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, topic: 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 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) 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. The utilization review determined that the requested treatment was not medically necessary with the following rationale provided: "the claimant presents with symptoms related to a pain disorder associated with both psychological and a general medical condition as well as major depressive disorder. The claimant had psychotherapy with noted improvement. The requested additional psychotherapy sessions are not supported as medically necessary as there is limited evidence of current psychological symptoms subjectively and upon examination that need to be addressed. There is limited evidence that the residual psychological symptoms affect the claimant's current function and recovery. Furthermore the total number of psychotherapy sessions the claimant has completed to date is not clearly outlined." The medical records that were provided for consideration do not establish the medical necessity of the requested treatment. Patient has been receiving psychological treatment and reports that the treatment is helpful to her she stated that "before I would cry and he would help me now he's become like a friend and I just enjoy our conversations." Continued psychological treatment is contingent upon evidence of medical necessity which typically includes all 3 of the following conditions being clearly documented: clinically significant patient psychological symptomology

to the extent that it necessitates treatment, that the total quantity of sessions the patient has received conforms with the above stated MTUS/official disability guidelines, and evidence of patient improvement including objectively measured functional gains. The total quantity of sessions the patient has received since the time of her injury is unknown. Current guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions for most patients. Additional sessions can be recommended based on medical necessity if the patient has severe psychological symptomology for example severe major depression/PTSD; this does not appear to apply in this case. Patient appears to receive a significant amount of treatment (unknown quantity) and appears to have benefited maximally from it at this juncture. Because medical necessity has not been established for these reasons, additional treatment is not found to be medically necessary and therefore the utilization review determination for non-certification is upheld.