

Case Number:	CM15-0044304		
Date Assigned:	03/16/2015	Date of Injury:	04/10/2012
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/09/2015

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 55 year old male injured worker suffered an industrial injury on 4/10/2012. The diagnoses were depressive disorder with adjustment disorder with mixed anxiety. The treatments were psychotherapy sessions and medications. The treating provider reported continuing nightmares, anger, irritability, frustration and impatience. He has withdrawn from family and friends, preferring to stay at home alone. He had difficulty with concentration and memory. The injured worker described onset of gastrointestinal distress, nausea, diarrhea and vomiting. He also described chest pain and fluctuating blood pressure and marked fatigue with frequent headaches. He reported suicidal ideation daily. The requested treatments were 20 Individual Psychotherapy Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Individual Psychotherapy Sessions: 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 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, stress and mental illness 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. According to the provided medical records, the patient suffered psychological and physical injury as a result of harassment and an aggressive dog biting him and has been diagnosed with the following psychological disorders adjustment disorder with mixed anxiety and depressed mood, chronic. Patient has had prior treatment of cognitive behavioral therapy and psychotropic medication and is currently prescribed the following Cymbalta, Ativan, Restoril but has run out of medications periodically due to authorization related issues. The patient appears to have severe psychological disturbance including suicidal ideation with plan and gestures with noted severe depression and sleep disturbance. Psychometric testing Beck Depression Inventory reflected moderate to severe levels of depression and moderate anxiety and a suicide probability scale was indicated to be severe risk of suicide. On this particular assessment tool there was no indication of means or intent but ideation with plan was acknowledged. It is further noted that the patient consulted with staff psychotherapist on 18 occasions in 2014 and attended 8 sessions so far in 2015. The total number of treatment sessions at the patient has received since the time of his injury is unknown and could not be estimated based on the provided documents. There was no discussion of his treatment in prior years before 2014. Medical records indicate the patient was actively involved in treatment during 2013 including at least July, August, September and October or 2013 without any indication of how many sessions for research see during this time. The patient was injured on May 10, 2012, it is unclear when he began his psychological treatment. His treatment in 2012 is also undocumented. The provided medical records do not contain an active treatment plan for helping the patient to move towards independent functioning and a decreased dependence on psychological treatment with stated goals and estimated dates of accomplishment. The medical necessity of the requested

treatment has not been established by the documentation provided for this review. Continued psychological treatment is contingent upon establishing the medical necessity of the request typically as a function of demonstrating all 3 of the following conditions: significant patient symptomology, evidence of patient benefit from prior treatment including objectively measured functional improvement, and that the total quantity of sessions requested and provided in the past is reflective of treatment guidelines (MTUS/ODG). These guidelines specify that for most patients an entire course of treatment consisting of 13 to 20 sessions maximum is sufficient. In some rare cases of severe major depressive disorder/PTSD additional sessions up to 50 maximum can be offered. The total quantity of sessions as has already been mentioned is not known but appears to be reaching the maximum even without this request for 20 additional sessions. Because the request exceeds guidelines for most patients and either exceeds or would exceed with these additional 20 sessions the maximum recommended for patients suffering from severe symptoms the request is found to exceed recommended guidelines and because medical necessity is not established for this reason the utilization review determination is upheld. This is not to say that the patient does not require ongoing psychological care only that it appears that this request for 20 more sessions is excessive and not consistent with official disability guidelines/MTUS recommendations.