

Case Number:	CM15-0046603		
Date Assigned:	03/18/2015	Date of Injury:	10/30/2012
Decision Date:	04/20/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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 41-year-old female, who sustained an industrial injury on October 30, 2012. She reported psychological and physical injuries while trying to break up a fight. The injured worker was diagnosed as having depressive disorder with anxiety and musculoskeletal complaints. Treatment to date has included orthopedic care and treatment, surgery, diagnostic studies, medications, physical therapy, consultation, psychological testing and psychotherapy. On January 10, 2015, the injured worker reported a decrease in frequency and intensity of anxiety. She continues to experience bouts of depressed mood about four to five times a week. Her feelings of depression typically include feelings of sadness, loss of motivation and anhedonia. She experienced bouts of tearfulness approximately one time a week. There is some improvement with her sleep difficulties. The treatment recommendations were for additional psychological treatment. Specifically, the recommendation was for eight additional individual cognitive-behaviorally oriented psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional psychotherapy x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT) for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, 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. A request was made for 8 additional sessions of psychotherapy, the request was non-certified by utilization review with the following rationale provided: "Additional treatment is not indicated as the progress reports carries no description of any improvement from the treatment the claimant has already received." Only one treatment progress note from the patient's psychological treatment was provided. This treatment progress note reflected 6 sessions. It does appear that the patient has been engaged in psychological treatment for an unknown length of time beginning sometime in mid 2014, continuing for several months before a break for surgery was taken, and then restarting again in September 2014. According to a psychological treatment progress note reflecting dates of service in December 2014, January and February 2015 (6 sessions), the patient had a secondary corrective knee surgery and reports feeling victimized by her injury and possible loss of employment and concerned with her medical outcome and teacher vocational opportunities. A treatment plan was noted the following: cognitive behavioral therapy interventions to develop self soothing mechanisms when anxiety, depression and intrusive thoughts come to mind with reality testing of cognitive distortions related to feelings of anxiety and depression relative to the incident. Assist patient with articulation of feelings so as to abreaction-internalized feelings of anger and frustration. Additional goals with coping with posttraumatic stress disorder, anxiety and depression include educating the patient and relaxation techniques and deep breathing with

guided imagery. Additional treatment goals and interventions were discussed. No expected date of treatment goal accomplishment was provided nor was or indication of accomplishment of prior treatment goals indicated in this note. It is noted that in June 2014, according to a psychological re-evaluation, that the patient has began receiving psychotherapy treatment on a weekly basis. Session quantity is not reported. The treatment stopped in September 2014 due to the patient's need for right knee surgery but resumed after several months. She has been apparently benefiting based on the notes from the psychological treatment reflected in this re-evaluation. Continued psychological treatment is contingent upon the establishment of medical necessity. This typically involves documentation of all three of the following: continued psychological symptomology at a clinically significant level, documentation of patient benefit from prior treatment sessions, including objectively measured functional improvement, and the total quantity of sessions being requested consistent with MTUS/official disability guidelines. The medical records that were provided for consideration for review were insufficient to document the medical necessity of this request. It was unclear how much prior treatment the patient has already received. Current treatment guidelines recommend a course of treatment consisting of 13 to 20 sessions after an initial brief treatment trial. In some cases, additional sessions up to 50 maximum can be offered in cases of very severe psychopathology and documentation of patient benefited from prior treatment sessions. This extension does not appear to apply in this case. Because the total number of sessions that the patient is already received is not clearly documented is not possible to determine whether she has already exceeded the guidelines stated above. Because it could not be determined whether the additional sessions would exceed the guidelines, the medical necessity of the request could not be established and for this reason, the utilization review determination of non-certification is upheld.