

Case Number:	CM15-0050740		
Date Assigned:	03/24/2015	Date of Injury:	11/17/1999
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/17/2015

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 11/17/99. He reported depression and sleep disturbance. The injured worker was diagnosed as having bipolar disorder, cervical spondylosis with myelopathy, degeneration of lumbar intervertebral disc, lumbosacral radiculitis, and occipital neuralgia. Treatment to date has included psychiatric care. Currently, the injured worker complains of neck pain. A physician's report dated 1/21/15 noted the injured worker had normal mood and affect. The injured worker was oriented and his memory was intact. The treating physician requested authorization for 20 psychotherapy visits. No rationale for the requested services was provided in the medical records. Decision: The requested treatment, 20 sessions of psychotherapy, is not supported as medically necessary by the documentation provided for consideration for this review there is insufficient documentation of the patient's prior psychological treatment history that has already been provided to him. Information is needed, given that his injury occurred in 1999, regarding how much psychological treatment the patient has already received and what was the outcome of prior sessions and when they were held as well as the total quantity. Continued psychological treatment is contingent upon all 3 of the following factors being evidenced and documented: significant psychological symptomology, total quantity of prior sessions conforming with MTUS/official disability guidelines, and documentation of objectively measured functional improvement and patient benefited from prior treatment. No information regarding his prior treatment was provided other than a document from 2002. In addition to having information regarding prior treatment, the request for 20 sessions does not follow current treatment protocols for psychological care. The

official disability guidelines recommend that for most patients a course of treatment should consist of 13 to 20 sessions with a note that progress must be monitored during the course of treatment and a brief initial treatment trial of 3 to 4 sessions should be offered and completed with continued treatment contingent upon objectively measured functional improvement. This request is for 20 sessions and therefore would represent the maximum recommended quantity of treatment sessions at the outset what appears to be a request to start a new course of treatment. The request does not adhere to treatment protocol as recommended in the MTUS/official disability guidelines. Because the request exceeds in quantity and is not supported due to missing information regarding prior treatments the medical necessity is not established and therefore the utilization review determination is upheld.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 psychotherapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines.

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 ODG: Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, psychotherapy guidelines, march 2015 update.

Decision rationale: Citation Summary Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. 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.

