

Case Number:	CM15-0052834		
Date Assigned:	03/26/2015	Date of Injury:	01/17/2013
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/19/2015

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 37-year-old, female who sustained a work related injury on 1/17/13. The diagnoses have included closed head injury, headaches, depressive disorder and neck strain. Treatments have included medications, chiropractic treatments, use of neck brace/support, previous psychotherapy and pain management sessions and use of cold therapy. In the PR-2 dated 1/22/15, the injured worker complains of headaches and neck pain and numbness. The treatment plan is a request for additional psychotherapy and pain management sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Sessions of Psychotherapy and medication management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Psychological Treatment.

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; 23-24.

Decision rationale: Citation Summary: 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.

Decision: According to the provided medical records, the patient is described as "profoundly depressed with severe headaches" is noted that she has post concussive symptoms and has possibly recently experienced numbness on the left side of her face and left side of her body including muscle weakness necessitating an emergency room visit. Medical records indicate crying spells and feelings of worthlessness without suicidal ideation. A request was made for 24 sessions of psychotherapy and medication management, the request was modified by utilization review to allow for 6 sessions of psychotherapy and medication management. The patient has completed to date 20 sessions of psychotherapy and medication management. Continued psychological treatment is contingent upon all 3 of the following issues being documented in order to establish medical necessity of the request: continued significant psychological symptomology at a clinical significant level, total quantity of sessions requested and previously provided consistent with MTUS and official disability guidelines, and evidence of patient benefited from prior treatment sessions including objectively measured functional improvement. The patient has already received at least 20 sessions per utilization review. This request would bring the total to 44 sessions. The request for 24 additional sessions is excessive. The utilization review determination correctly modified the request downward to allow for 6 sessions. The patient appears to continue to need psychological support at this juncture so continued psychological treatment 6 sessions is appropriate. This request combined 2 separate issues: 24 sessions of psychotherapy and unspecified quantity of medication management. At the IMR level no modifications can be offered and therefore the request is treated as one where as one requested treatment is found to be not medically necessary then the entire request is found as such. Because the medical necessity for 24 sessions of psychotherapy is not supported as medically necessary due to excessive requested quantity, the medical necessity of the entire request is determined to be not medically necessary.