

Case Number:	CM15-0054886		
Date Assigned:	03/30/2015	Date of Injury:	12/28/2009
Decision Date:	05/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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 31-year-old female, who sustained an industrial injury on 12/28/09. The documentation dated 2/21/15 noted that the injured worker reports that psychiatric medications have been denied by insurance and that multiple continued physical symptoms since the work place incident event has included severe, frequent "migraine headaches"; bilateral upper extremity symptoms and limitations and daily activities remain significantly interfered with and limbed by her physical symptoms. The diagnoses have included posttraumatic stress disorder, chronic; depressive disorder not otherwise specified rule out Pain disorder; passive-dependent personality traits and chronic headaches pain. The documentation noted that the injured worker has had psychotherapy treatment for coping with her work-related injury and associated symptoms. The request was for psychotherapy. The documentation noted that the injured worker would require intensive multi-disciplinary treatment efforts, given the severity and chronicity of her multiple physical and emotional symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHO THERAPY 1XWK X 6WKS 90806 90838 99215: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES 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, CBT, psychotherapy guidelines, March 2015 update.

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 that 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 utilization review rationale for non-certification: the request was made for psychotherapy one time per week for 6 weeks using the CPT codes: 90837, 90806, 90838, and 99215. The request was modified by utilization review to allow for 6 sessions of CPT code 90837 only. Current MTUS guidelines suggest that a treatment course of therapy consisting of 13-20 visits for most patients is appropriate and with some patients who have a diagnosis of severe major depression/PTSD (which might apply in this case) additional sessions up to 50 can be allowed in some cases pending medical necessity and documentation of significant patient benefit from the treatment. It is not entirely clear what is being disputed in this request other than the 3 billing codes that were not approved. The utilization review did allow for 6 sessions at 60 minutes in length. Because the utilization review did properly allow for the authorization of 6 additional sessions and because that decision is appropriate and consistent with MTUS guidelines the request is not medically necessary.