

Case Number:	CM15-0056110		
Date Assigned:	04/01/2015	Date of Injury:	12/27/2007
Decision Date:	05/04/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/24/2015

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 69-year-old male who sustained an industrial injury on 12/27/2007. Diagnoses include major depressive disorder, insomnia, male hypoactive sexual desire disorder due to pain, psychological factors affecting medical conditions, bilateral knee tendinopathy, mild shoulder acromioclavicular arthrosis, two level lumbar discopathy, and single level cervical discopathy. Treatment to date has included medications, acupuncture, psychotherapy, and psychotropic medication management 1 time a month for 6 months. A physician progress note dated 02/05/2015 documents the injured worker continues to experience depressed mood and anxiety. He has thoughts of suicide but denies plan of intent. He can sleep for 6-7 hours a night. He is irritable, angry and withdrawn. He has difficulty concentrating, remembering and focusing his attention. The treatment requested was to provide the injured worker with a better outlook on the current situation, post injury and make peace with the past experiences in the workplace. Treatment requested is for Individual Psychotherapy once weekly x 20 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy once weekly x 20 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy 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 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: A request was made for 20 weekly psychotherapy treatment sessions. The request was non-certified by utilization review after a request was made for the total quantity of sessions that the patient has received to date was not received. Continued psychological treatment is contingent upon all 3 of the following factors being documented clearly: patient psychological symptomology at a clinically significant level that warrants continued psychological treatment, that the total quantity of sessions received to date in conjunction with the quantity of requested sessions being consistent with MTUS/official disability guidelines for quantity and duration, and evidence of significant patient benefited including objectively measured indices of functional improvement. It could not be determined based on the medical records provided how much treatment the patient has already received to date as of the time of this request. The MTUS/official disability guidelines suggest that for most patients the course of treatment consisting of 13 to 20 sessions maximum is sufficient. In some cases of severe major depression/PTSD additional sessions can be authorized contingent upon documentation of medical necessity and patient benefited from prior treatment. Because he could not be determined how many sessions the patient has received to date, although some information regarding session quantity for 2014 was provided, and because the request for 20 weekly sessions is the equivalent of 5 months of treatment, the request most likely exceeds recommended guidelines for treatment quantity for this patient. Therefore and based on this reason the medical necessity of the request is not established and therefore the utilization review determination for non-certification is upheld.