

Case Number:	CM15-0056592		
Date Assigned:	04/01/2015	Date of Injury:	11/04/2006
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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 53-year-old female, who sustained a work/ industrial injury on 11/4/06. She has reported initial symptoms of depression and pain. The injured worker was diagnosed as having recurrent depression/ psychosis, unspecified. Treatments to date included medication, diagnostics, and psychotherapy. Currently, the injured worker complains of feeling very depressed, frustrated, in severe pain. The treating physician's report (PR-2) from 3/9/15 reported that the injured worker is very depressed and had been frustrated with obtaining medication. Treatment plan included 12 sessions of individual psychotherapy. Decision: a request was made for 12 sessions of individual psychotherapy, the request was noncertified by utilization review which provided the following rationale for its decision: "the most recent psychological re-evaluation was performed on September 23, 2014 and recommended that the patient would benefit from cognitive behavioral therapy approach in terms of psychotherapy. It was also indicated that the patient had multiple psychiatric mental disorders. However it was noted that the patient is not happy pain disorder that she suffers from. There was also a lack of documentation from the patient's most recent psychotherapy treatments indicating objective functional improvement to warrant medical necessity for continued treatments."

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of individual psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23-24.

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 based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, 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, 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. Continued psychological treatment is contingent upon documentation of all 3 of the following issues: continued patient psychological symptomology at a clinically significant level, the total quantity of sessions provided and requested consistent with MTUS/official disability guidelines, and documentation of objectively measured functional improvement based on prior treatment sessions. The medical records that were provided for consideration for this request do not establish the medical necessity of the request. Although there is documentation of significant patient psychological symptomology her prior treatment history is unclear in terms of the exact quantity of sessions that she has already been provided as well as patient benefit from prior treatment. No documentation was provided that clearly stated the total quantity of sessions at the patient has received to date. According to the current official disability guidelines and MTUS, most patients are eligible for course of treatment consisting of 13 to 20 sessions maximum. In this case it appears most likely that she has exceeded that guideline. Additional sessions up to 50 maximum can be offered in some severe cases of major depressive disorder/PTSD, however this does not appear to apply in this situation. In addition with regards to her prior treatment that has been provided to her, there were no detailed progress reports for objectively measured indices of functional improvement that document whether or not the patient's benefit from prior treatment is significant enough to warrant continued care. Because of these reasons, the medical necessity of the requested

treatment has not been established and therefore the utilization review determination for non-certification is upheld. Therefore, the requested treatment is not medically necessary.