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| Case Number: | CM15-0061621 | | |
| Date Assigned: | 04/07/2015 | Date of Injury: | 09/12/2012 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/09/2015 |
| Priority: | Standard | Application Received: | 04/01/2015 |

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 (IW) is a 35-year-old female who sustained an industrial injury on 09/12/2012. Diagnoses include depressive disorder, NOS; cannabis dependence; cannabis-induced anxiety disorder with panic; obsessive-compulsive disorder (OCD)-preexisting; and rule-out bipolar disorder. Treatment to date has included medications and group therapy. Diagnostics performed to date included psychological evaluation and testing. According to the Consultation/Psychiatric Evaluation Report dated 10/27/14, the IW reported frequent migraines, anxiety, severe depression and preexisting OCD. She had suicidal ideation without plan or intent. Medications were listed as Lexapro and Abilify. A request was made for six psychiatric consultations over six months and 12 cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Psychiatric consultations over 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B, Referral.

Decision rationale: Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. The medical necessity of the requested procedures not established by the documentation provided for consideration for this independent medical review. This request is for 6 psychiatric consultations over a six-month period. The medical necessity of the request is not established because the treatment duration of 6 months is excessive without documentation of medical necessity had a periodic interval. Psychiatric treatment can often be stepped down to a less frequent intervention than monthly once the patient is psychiatrically stabilized. The ongoing need for assessment of medical necessity during the course of treatment should be done at reasonable intervals typically 3 months would be appropriate. Because the medical necessity is not established due to excessive duration of the request the utilization review determination is upheld, not medically necessary.

Cognitive behavioral therapy x 12 sessions: Upheld

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

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. A request was made for 12 sessions of cognitive behavioral therapy. It appears that the request was not certified but on appeal was modified possibly to allow for 4 sessions. The medical necessity of 12 sessions of cognitive behavioral therapy was not established by the documentation provided. The MTUS guidelines state that an initial treatment trial should consist of 3 to 4 sessions maximum in order to determine whether or not the patient is benefiting with objectively measured functional improvements. This initial treatment trial is a well-established protocol in both the MTUS and the official disability guidelines. There is no evidence of the patient having received any prior psychological cognitive behavioral therapy but if so what if she has been there was no documentation provided with regards to session topics and treatment outcome or quantity of sessions provided. Because of this lack of information regarding prior treatment sessions, if any, it is assumed that this is a request to start a new course of treatment hence the need for an initial treatment trial consisting of 3 to 4 sessions. Because this request is for 12 sessions that exceeds the recommended guidelines and the medical necessity is not established therefore the utilization review determination for non-certification is upheld, not medically necessary.