

Case Number:	CM15-0062198		
Date Assigned:	04/08/2015	Date of Injury:	12/30/2003
Decision Date:	05/07/2015	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 is a 60 year old female, who sustained an industrial injury on December 30, 2003. She reported slipping and falling in the parking lot. The injured worker was diagnosed as having recurrent moderate major depressive disorder, mood disorder due to a medical condition, nightmare disorder, chronic pain syndrome, and post-traumatic stress disorder. Treatment to date has included C5-C7 fusion, right shoulder injection, cervical spine and right shoulder MRIs, right shoulder surgeries, left knee surgery, physical therapy, and medication. Currently, the injured worker complains of frightening dreams, feelings of failures and low self-esteem, difficulty concentrating and making decisions, concerns about her appearance, and pain in the neck and back. The Treating Provider's report dated February 16, 2015, noted the injured worker was referred for a psychological evaluation and cognitive-behavioral therapy for the purposes of assessing her dysthymic symptoms and to further address the psychological aspects of her pain disorder and sleep disorder. Current medications were listed as Wellbutrin, Ibuprofen, Trazadone, Ambien, MS Contin, Thyroid, and Estradiol cream. The injured worker was noted to have psychologically deteriorated over time following her work injury. The treatment plan was noted to include bi-monthly cognitive-behavioral therapy to identify and replace negative self-talk that promotes helplessness and dysthymia, psycho-educational treatment of the various sources of and coping mechanisms for stress in the injured worker's daily life, cognitive-behavioral therapy to help restore restful sleep with reduction in nightmares, and acquire and utilize the necessary pain management skills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 2x/month 60 minutes x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter.

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. Decision: Continued psychological treatment is contingent upon the establishment of medical necessity. This typically involves documentation of all three of the following issues: continued psychological symptomology at a clinically significant level that warrants treatment, objectively measured indices of functional change including patient benefit as a result of prior treatment, and that the total quantity of sessions received to date added to the total quantity of sessions being requested is consistent with the above stated guidelines for session quantity. The total quantity of sessions that have been provided to date for this patient is unclear. However there is an indication that from November 1, 2013 12 sessions of cognitive behavioral therapy were requested. There is another note from November 21, 2013 through February 3, 2014 that 6 psychotherapy sessions were provided to the patient. The quantity of sessions received from February 2014 through August 14, 2014 is unknown. From August 14, 2014 through February 4, 2015, she appears to have received 8 sessions. Her psychological treatment history from the time of her injury in 2003 to 11/2013 is unknown.

Current treatment guidelines recommend a maximum of 13 to 20 sessions total for most patients. In some cases of severe major depression or PTSD, additional sessions up to 50 over the course of one year might be possible with documentation of patient benefit from the treatment. The provided medical records indicate that the request was made for 12 sessions of psychological treatment and this request was modified by utilization review to allow for 8 sessions. At this time there is insufficient documentation to overturn that decision based on the records that were provided for consideration for this review. In addition to missing information with regards to the total quantity of sessions that the patient has already participated in, the provided medical records do not reflect the outcome of the most recent 8 sessions that she has already received in terms of improved objectively measured levels of functioning (functional capacity). Due to this missing information, the medical records do not support overturning the utilization review decision. Therefore based on lack of medical necessity the utilizations on review determination is upheld.