

Case Number:	CM15-0080236		
Date Assigned:	06/18/2015	Date of Injury:	05/05/2011
Decision Date:	07/21/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/27/2015

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 male, who sustained an industrial injury on May 5, 2011. He reported bilateral knee pain. The injured worker was diagnosed as having status post bilateral knee arthroplasty. Treatment to date has included diagnostic studies, radiographic imaging, bilateral surgical intervention of the knees, conservative care, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued bilateral knee pain left worse than right, depression and anxiety secondary to pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 6, 2015, revealed the right knee was improving post operatively however he reported severe pain continuing in the left post-operative knee. It was noted recent cortisone injection to the knee provided 40% pain reduction however it only lasted 4 days. It was noted there was a healed surgical wound to the right knee and to the left knee. Cognitive behavioral therapy, a follow up with the psychologist and group therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral individual psychotherapy sessions (1 time per week for 12 weeks):
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain.

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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. A request was made for cognitive behavioral individual psychotherapy sessions 1x12 (post-traumatic stress disorder, major depression, insomnia). The request was non-certified by utilization review the following provided rationale: "In this case, the number of prior psychotherapy treatment sessions is unknown. Additionally the documentation is limited regarding self objective functional benefit or symptom improvement as a result of the recent psychotherapy treatment sessions." This IMR will address a request to overturn the utilization review decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. The medical necessity of this requested treatment was not established by the documentation provided for consideration for this IMR. The total quantity of prior psychological treatment sessions that the patient has received to date is unknown and was not clearly stated in the documents provided. In addition, patient benefit in terms of objectively measured functional improvements was not provided in the documentation. According to the utilization review report "the claimant saw a psychiatrist in 1995 and then

attended treatment from 1998 to the present." Psychiatric treatment progress notes are provided in the medical records however psychological treatment progress notes are not. According to a psychiatric treatment progress note from December 30, 2014: "He continues to be obsessive and worries about psychosis. He is preoccupied with fears of daughter who is 17 years old being kidnapped again. He suffers from paranoia and once a psychological treatment more often. I will refer him for that issue." Based on this information, it appears likely, it appears that he has been receiving psychological treatment, however no medical records were provided do substantiate any of the details with regards to the establishment of the medical necessity as stated above. Based on the length of his prior psychiatric treatment, It appears likely that could not be determined definitively that he has received the maximum quantity of treatment sessions recommended under current guidelines. Because this request is not substantiated by documentation provided with the following information missing: total quantity and duration of prior sessions provided to date from the time of his injury, and evidence of patient benefit including objectively measured functional improvement from prior treatment, if any, the medical necessity is not established per MTUS/ODG and therefore the utilization review decision is upheld. The request is not medically necessary.

Group medical psychotherapy sessions (1 time per week for 12 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment 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: A request was made for group medical psychotherapy sessions one time a week for 12 weeks, the request was non-certified by utilization review with the following provided rationale: "In this case the number of prior psychotherapy treatment sessions is unknown. Additionally, the documentation is limited regarding significant objective functional benefit or symptom improvement as a result of the recent psychotherapy treatment sessions." This IMR will address a request to overturn that decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. The medical necessity the requested treatment was not established by the documentation provided for consideration for this IMR. The total quantity of sessions that the patient has received to date is unknown and not clearly stated in the documents provided. In addition, there is no information regarding patient benefit including objectively measured functional improvement from prior treatment sessions. However there is indication that the patient has been participating in psychological treatment however there was no psychological treatment session progress notes or psychological treatment summaries provided for consideration for this review. Psychiatric treatment progress notes were found but these do not establish the medical appropriateness of additional psychological treatment. For this reason the medical necessity of this request is not established and therefore the utilization review determination is upheld. The request is not medically necessary.

Follow up evaluation with a psychologist (1 time per week for 12 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. A request is made for follow-up evaluation with the psychologist one time per week for 12 weeks, the request was non-certified by utilization review of the following provided rationale: "In this case the claimant psychotherapy treatment is not authorized. Therefore, the medical necessity of a follow-up evaluation with psychologist is not established." This IMR will address a request to overturn that decision. The medical necessity of this request for 12 follow-up is not established by the provided documents. The total quantity of treatment sessions that the patient has received to date and also missing is any report of patient benefit from prior psychological treatment. Because the request for additional psychological treatment is not supported by any documentation whatsoever regarding prior psychological care, it is not medically necessary per MTUS/official disability guidelines and therefore the utilization review determination of non-certification is upheld. The request is not medically necessary.