

Case Number:	CM15-0080540		
Date Assigned:	05/01/2015	Date of Injury:	06/07/2011
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
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:

This 46 year old male sustained an industrial injury to the low back on 6/7/11. Previous treatment included magnetic resonance imaging, right hip chondroplasty, physical therapy, psychiatric care and medications. In a Pr-2 dated 2/28/15, the injured worker reported feeling defeated in February after being insulted by the opposition. The injured worker reported that he was badly hurt and had a lot of issues. The physician noted that the injured worker reported better sleep and better pain management due to medications. Current diagnoses included severe major depressive disorder, insomnia due to pain and male hypoactive sexual disorder due to pain. The physician noted that 12 out of 16 sessions of psychotherapy had been provided. On 2/28/15, a request for authorization was submitted for 20 individual psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy times 20 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: 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 psychotherapy times 20 sessions. The request was non-certified by utilization review with the following provided rationale: "The claimant has treated for chronic major depression disorder on an industrial basis and has previously been afforded extensive psychological therapy in psychiatric therapy. The current records indicate that the claimant has completed 12 of 16 authorized sessions of psychotherapy and there is now a request for an additional 20 sessions of psychotherapy. However, no documentation of medical necessity, supported by high-quality scientific evidence based guidelines have been submitted to justify this request...Absent evidence to confirm substantiative functional improvement following an initial trial of 12 sessions of psychotherapy, this request will be denied." 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 session including objectively measured functional improvement. The medical records that were submitted for consideration for this IMR do not support the medical necessity of the requested treatment. There was a paucity of psychological treatment progress notes and records from the requesting therapist. It is unclear how many prior sessions the patient has received to date. It does appear that the patient has received an extensive amount of psychological treatment over a period of several years. There was no specific information regarding objectively measured functional indices of patient improvement. There was no subjective or objective descriptions of patient benefit from prior treatment sessions. No treatment progress notes regarding session details were provided whatsoever nor was there a treatment summary of his prior treatment sessions. In the

absence of sufficient medical records regarding his prior psychological treatment, the medical necessity of this request could not be established. In addition it appears likely that the request for 20 additional sessions exceeds the above stated guidelines for session quantity. Although, this could not be definitively established. For these reasons, the request is not medically necessary, therefore the utilization review determination for non-certification is upheld.