

Case Number:	CM15-0080825		
Date Assigned:	05/01/2015	Date of Injury:	01/14/2009
Decision Date:	06/02/2015	UR Denial Date:	04/14/2015
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 35 year old male, who sustained an industrial injury on 1/14/11. He reported nose, eye, right ankle, left shoulder and right knee. The injured worker was diagnosed as having status post (ACL) Anterior Cruciate Ligament reconstruction intermetatarsal neuroma, neuritis and ankle arthralgia. Treatment to date has included individual psychotherapy sessions, right ankle surgery, left shoulder surgery, right knee surgery and removal of hardware from right ankle, physical therapy and pain management. Currently, the injured worker complains of continued anterior knee pain with improving strength and range of motion. It is noted the injured worker no long feels suicidal following psychotherapy sessions. Physical exam noted knee weakness and pain with range of motion of knee with quadriceps atrophy and tenderness on palpation of the knee. A request for authorization was submitted for 12 individual psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

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: the patient originally had a course of psychological treatment in 2011 with noted functional improvement. The patient re-presented for psychological treatment with an evaluation being conducted on April 9, 2015 and a QME also 4/15. A request was made for 12 sessions of psychotherapy, the request was non-certified by utilization review. This IMR will address a request to overturn that decision. The MTUS guidelines for psychological treatment recommend an initial brief treatment trial consisting of 3 to 4 sessions. Following the completion of the initial treatment trial additional treatment sessions can be authorized if medically necessary contingent upon documentation of objectively measured functional improvement based on the initial treatment trial. This request is for 12 sessions of individual psychotherapy and therefore is not compliant with the MTUS brief treatment trial protocol. Because of this reason the medical necessity of the request was not medically necessary and appropriate.