

Case Number:	CM15-0081432		
Date Assigned:	05/04/2015	Date of Injury:	01/22/2007
Decision Date:	06/02/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/28/2015

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 39 year old female injured worker suffered an industrial injury on 01/22/2007. The diagnoses included major depression and rule out post-traumatic stress disorder, chronic pain syndrome. The injured worker had been treated with psychoactive medications. On 2/24/2015 the treating provider reported that she is holding on to the past and is having a hard time letting go of who she was before the accident in order to embrace who she is now after the accident. She is working on grieving the past. The treatment plan included Mental Health Treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mental Health Treatments (20 visits): 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. A request was made for 20 mental health treatments, the request was non-certified by utilization review with the following provided rationale: "the guidelines recommend up to 50 sessions of psychological treatment for patients diagnosed with major depression and with evidence of functional improvement. It appears the patient has been receiving psychological treatment in the past. However, the medical records do not clarify the specific amount of prior completed sessions for this patient. Furthermore, the submitted report does not provide documentation of significant objective functional improvement with prior mental health/psychological treatments. Based on the fact that the number of completed sessions and efficacy of the sessions have not been submitted for review, additional 20 sessions of mental health treatment is not supported at this time." 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. With regards to this case, all of the provided medical records were carefully reviewed, and the medical necessity of the request for 20 sessions was not supported by the documentation that was provided. First, the quantity of sessions being requested (20) is excessive and likely exceeds the maximum allowed; regardless of the quantity of prior sessions, requesting 20 sessions does not allow for appropriate demonstration of continued medical necessity during the treatment process which is noted in the MTUS guidelines to be a requirement. Without knowing the total quantity of sessions that the patient has already received to date it could not be determined whether or not 20 additional sessions would be exceeding guidelines. According to a treatment progress note from the providing psychiatrist the patient has shown decreased depression with the PHQ-9 adult depression screening decreasing from November 2014 to February 2015. It is not clear if her symptoms of anxiety and panic have changed as a result of

treatment. Although there were sufficient progress notes provided for consideration, they appear to be from a psychiatrist and it's not entirely clear if the therapist requesting these sessions is the psychiatrist or if there is also a psychotherapist involved. No additional progress notes from a psychologist or therapist were found in addition to the psychiatry notes. The provided progress notes do not reflect significant improvements in activities of daily living as a result of prior treatment nor is there significant indication of increased objectively measured functioning. For these reasons, the medical necessity of the request was not established, therefore the utilization review determination is not medically necessary.