

Case Number:	CM15-0082077		
Date Assigned:	05/04/2015	Date of Injury:	07/01/2001
Decision Date:	06/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/29/2015

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 year old female, who sustained an industrial injury on July 1, 2001. She incurred neck and back injuries. She was diagnosed with major depression, anxiety disorder and pain disorder. Treatment included pain medications, antidepressants, and psychotherapy. Currently, the injured worker complained of persistent pain in her neck and shoulders and insomnia, depression and anxiety. The treatment plan that was requested for authorization included psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1-2 times a month for 45 days: 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. 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. Decision: a request was made for psychotherapy to be held once or twice a month for 45 days, the request was determined by utilization review to be not medically necessary the following rationale provided: "Additional psychotherapy is not medically necessary as there is no treatment plan present were symptoms to be targeted described for requested psychotherapy. Medical records informed that the claimant has improved activities of daily living and her depression and anxiety are decreased. Specific symptoms to be targeted need to be indicated for further treatment to be deemed medically necessary. Additionally, there is no indication of the total psychotherapy the claimant has received. This information is essential to establish a timeline to measure treatment effectiveness." This IMR will address a request to overturn the utilization review determination. All of the provided medical records were carefully considered for this independent medical review, the medical records consisted of approximately 55 pages. The medical records consisted of entirely utilization review paperwork and documentation related to this request for treatment. No clinically significant documentation was provided with regards to this patient's prior psychological treatment history. It could not be determined how much treatment the patient has already received to date, nor could be determined what if any objectively measured functional improvements were derived from prior treatment. The medical necessity of the request does not meet the criteria mentioned above in the citation summary. Although there was some clinical information provided on the specific application there was no additional information including as mentioned by the utilization review, comprehensive treatment plan. This is not to say that the patient does not require psychological treatment, only that the medical necessity of the request was not established by the very limited documentation was provided for consideration for this review. Because of this reason, the medical necessity was not established and therefore the utilization review determination is upheld.