

Case Number:	CM15-0082522		
Date Assigned:	05/05/2015	Date of Injury:	08/15/2011
Decision Date:	06/05/2015	UR Denial Date:	04/24/2015
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 65 year old male who sustained an industrial injury on 8/15/2011. His diagnoses, and/or impressions, are noted to include: right shoulder injury resulting in surgery and a 90% improvement; anxiety disorder and depressive disorder. His treatments have included rest from work; modified work duties; and medication management. The progress notes of 4/13/2015 noted a new patient visit with complaints that included depression stemming from the substantial delays in his claim and with treatment, and due to not being offered his old position, but instead being offered only part-time and re-assigned available work. Things he reported included: feeling jumpy about things, felt tense in allowing everything to bother him, felt uncertain about the future, feeling unable to settle down, he felt lack of motivation with procrastination, difficulty sleeping, had weight gain, concentration problems, trust issues and loss of libido. It was noted his orthopedist prescribed him Paxil for depression and then had him evaluated, resulting in a diagnosis for an industrial psychiatric injury; for which he has had no psychotherapy. The physician's requests for treatments were noted to include psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatments Page(s): 102-103.

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 12 sessions of psychotherapy, the request was non-certified by utilization review with the following rationale provided: "while psychological treatment is supported by the guidelines, it is recommended that the patient be given an initial trial. Of psychotherapy to assess how the patient responds to the therapy and allow for assessment of progress prior to authorizing the recommended amount of psychotherapy per guidelines...Therefore, a treatment modification was agreed to for 6 psychotherapy sessions." According to both the MTUS and official disability guidelines for psychological treatment, and an initial brief trial is recommended in order to determine patient's response. Brief the MTUS protocol suggests 3-4 sessions whereas the official disability guidelines suggest 4-6 sessions as sufficient for an initial treatment trial. In this case, the medical records suggest that the patient is an appropriate candidate for psychological treatment; however, the request for 12 sessions does not reflect the treatment protocol of an initial treatment trial. Therefore, the utilization review modification appears to be an appropriate decision. The medical necessity of 12 sessions without documentation of objectively measured functional improvement based on the initial treatment trial is not medically necessary per MTUS/ODG guidelines. For this reason, the utilization review determination is not medically necessary.