

Case Number:	CM15-0083543		
Date Assigned:	05/05/2015	Date of Injury:	03/01/1993
Decision Date:	07/03/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/01/2015

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 79 year old male, who sustained an industrial injury on March 1, 1993. The injured worker was diagnosed as having major depression. Treatment to date has included neurology follow up, physical therapy, and medication. Currently, the injured worker complains of low back pain, depression and anxiety. The Psychiatric progress note dated June 19, 2014, noted the injured worker with a history of depression and anxiety. The injured worker denied any current suicidal or homicidal ideation, intent, or plan, or any auditory or visual hallucination. Memory, concentration, calculation, fund of knowledge, insight and judgment were all noted to be fair. The treatment plan was noted to include insight-oriented and supportive psychotherapy, with continuation of Lexapro and Wellbutrin, and initiation of Abilify. The documentation provided noted the injured worker was receiving intensive outpatient program (IOP) level of care for continued report of global symptoms of anxiety and depression, sadness, feelings of worthlessness, anhedonia, decreased motivation, decreased energy, irritability, social isolation, excessive worry, ruminating, low self-worth, and hopelessness/helplessness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych intensive outpatient treatment (retrospective review dos 4/1/14 - 4/29/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem page 105-127 and The Official Disabilities Guidelines.

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. Pages 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: According to the utilization review decision and rationale for non-certification, the patient has participated in "thrice-weekly group psychotherapy treatment for at least the past 3 years, and has been afforded well over 100 psychotherapy sessions that have not resulted in objective functional benefit." It was also mentions that the psychotherapy being provided is at least partially focused on non-industrial related issues such as loneliness, isolation and the patient's estrangement from his daughters. This IMR will address a request to overturn the utilization review 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 provided medical records reflect that the patient has exceeded the MTUS/official disability guidelines for session quantity by a considerable degree. The MTUS guidelines recommend a course of psychological treatment consisting of 6 to 10 sessions. The official disability guidelines allow for a more extended course of psychological

treatment consisting of 13 to 20 sessions maximum for most patients. There is an exception that can be made in cases of very severe Major Depressive Disorder and or PTSD, this does not appear to apply to this patient. The patient has already received according to the utilization review notation at least 100 treatment sessions which would represent nearly double the recommended amount for the most severe cases of psychological distress. Because this request for additional psychological treatment exceeds the maximum stated guidelines, it is not medically necessary and therefore the utilization review determination for non-certification is upheld.

Psych intensive outpatient treatment (retro review date of service 6/2/14-6/30/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem page 105-127 and The Official Disabilities Guidelines.

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. Pages 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: According to the utilization review decision and rationale for non-certification, the patient has participated in "thrice-weekly group psychotherapy treatment for at least the past 3 years, and has been afforded well over 100 psychotherapy sessions that have not resulted in objective functional benefit." It was also mentions that the psychotherapy being provided is at least partially focused on non-industrial related issues such as loneliness, isolation and the patient's estrangement from

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Psych intensive outpatient treatment (retro review date of service 7/1/14-7/31/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem Page 105-127 and the Official Disabilities Guidelines.

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. Pages 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

documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: According to the utilization review decision and rationale for non-certification, the patient has participated in "thrice-weekly group psychotherapy treatment for at least the past 3 years, and has been afforded well over 100 psychotherapy sessions that have not resulted in objective functional benefit." It was also mentioned that the psychotherapy being provided is at least partially focused on non-industrial related issues such as loneliness, isolation and the patient's estrangement from his daughters. This IMR will address a request to overturn the utilization review 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 provided medical records reflect that the patient has exceeded the MTUS/official disability guidelines for session quantity by a considerable degree. The MTUS guidelines recommend a course of psychological treatment consisting of 6 to 10 sessions. The official disability guidelines allow for a more extended course of psychological treatment consisting of 13 to 20 sessions maximum for most patients. There is an exception that can be made in cases of very severe Major Depressive Disorder and or PTSD, this does not appear to apply to this patient. The patient has already received according to the utilization review notation at least 100 treatment sessions, which would represent nearly double the recommended amount for the most severe cases of psychological distress. Because this request for additional psychological treatment exceeds the maximum stated guidelines, it is not medically necessary and therefore the utilization review determination for non-certification is upheld.

Psych intensive outpatient treatment (retrospective review date of service 9/2/14-9/16/14):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem Pages 105-127 and the Official Disabilities Guidelines.

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. Pages 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: According to the utilization review decision and rationale for non-certification, the patient has participated in "thrice-weekly group psychotherapy treatment for at least the past 3 years, and has been afforded well over 100 psychotherapy sessions that have not resulted in objective functional benefit." It was also mentions that the psychotherapy being provided is at least partially focused on non-industrial related issues such as loneliness, isolation and the patient's estrangement from his daughters. This IMR will address a request to overturn the utilization review 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 provided medical records reflect that the patient has exceeded the MTUS/official disability guidelines for session quantity by a considerable degree. The MTUS guidelines recommend a course of psychological treatment consisting of 6 to 10 sessions. The official disability guidelines allow for a more extended course of psychological treatment consisting of 13 to 20 sessions maximum for most patients. There is an exception that can be made in cases of very severe Major Depressive Disorder and or PTSD, this does not appear to apply to this patient. The patient has already received according to the utilization review notation at least 100 treatment sessions, which would represent nearly double the recommended amount for the most severe cases of psychological distress. Because this request for additional psychological treatment exceeds the maximum stated guidelines, it is not medically necessary and therefore the utilization review determination for non-certification is upheld.

Psych intensive outpatient treatment (retrospective review date of service 9/23/14-10/30/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem Pages 105-127 and the Official Disabilities Guidelines.

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. Pages 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: According to the utilization review decision and rationale for non-certification, the patient has participated in "thrice-weekly group psychotherapy treatment for at least the past 3 years, and has been afforded well over 100 psychotherapy sessions that have not resulted in objective functional benefit." It was also mentions that the psychotherapy being provided is at least partially focused on non-industrial related issues such as loneliness, isolation and the patient's estrangement from his daughters. This IMR will address a request to overturn the utilization review 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 provided medical records reflect that the patient has exceeded the MTUS/official disability guidelines for session quantity by a considerable degree. The MTUS guidelines recommend a course of psychological treatment consisting of 6 to 10 sessions. The official disability guidelines allow for a more extended course of psychological treatment consisting of 13 to 20 sessions maximum for most patients. There is an exception that can be made in cases of very severe Major Depressive Disorder and or PTSD, this does not appear to apply to this patient. The patient has already received according to the utilization review notation at least 100 treatment sessions, which would represent nearly double the recommended amount for the most severe cases of psychological distress. Because this request for additional psychological treatment exceeds the maximum stated guidelines, it is not medically necessary and therefore the utilization review determination for non-certification is upheld.