

Case Number:	CM15-0084937		
Date Assigned:	05/07/2015	Date of Injury:	04/02/2013
Decision Date:	06/09/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/04/2015

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 49year old male, who sustained an industrial injury on April 2, 2013. He reported injuries of his feet, leg, back, and right arm, elbow, and wrist. The injured worker was diagnosed as having post-traumatic stress disorder (PTSD), pain disorder, and major depression. Treatment to date has included individual and group psychotherapy, and anti-anxiety medications. On April 8, 2015, the treating psychologist notes continued nightmares of his falling and going to die. During the day his mind wanders and he daydreams that he is dying. The injured worker is very discouraged and depressed. He regained the ability to walk through rehabilitation. He cannot walk currently as he needs a left knee replacement and the surgery and physical therapy has been denied. He reports that he can express his true feelings in psychotherapy, but he does not share his true feelings with his family. The treatment plan includes 12 sessions of psychotherapy. The requested treatment is 12 sessions of either 1 hour psychotherapy or a combination appointment of 25 minutes of consult and 30 minutes of psychotherapy. According to a report from the patient's primary treating psychologist from February 4, 2015 an initial treatment trial of 12 sessions of individual psychotherapy is being requested. Treatment is mentioned as addressing patient education and stress management techniques as well as relaxation training, cognitive techniques, and behavioral techniques.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: 12 sessions either 1 hr psychotherapy or combination appt. 25 minutes consultation & 30 minutes psychotherapy, DOS: 02/11/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy Guidelines for Chronic Pain, pages 101-102; 23-24, Mental Illness and Stress, Cognitive Behavioral Therapy, and the Non-MTUS 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 co-morbid 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 retrospective request for "retroactive 12 sessions either one hour psychotherapy or combination appointment 25 minutes consultation and 30 minutes psychotherapy (date of service February 11, 2015) was made, utilization review determined that "continuing psychotherapy of one hour in duration was medically appropriate to treat the claimants PTSD. Therefore, the retrospective request for a combination appointment, 25 minutes consultation and 30 minutes psychotherapy (date of service February 11, 2015 was not medically necessary. However the retrospective request for 12 sessions of one hour psychotherapy was medically necessary." This IMR is in response to a request to overturn that decision. 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 do not establish the medical necessity of the requested procedure. Although there are several psychological evaluations contained in the medical records, it is not clear to what extent the patient has been participating in psychological treatment. There is no clear statement of the total quantity of sessions that the patient has received to date. In addition, is not clear to what extent the patient has benefited from prior treatment in terms of objectively measured functional improvements. There is no clear and comprehensive treatment plan provided was stated goals

and estimated dates of accomplishment nor was a discussion of the patient's progress in treatment to date readily found in the over 1600 pages of medical records provided for consideration for this IMR. It appears that the patient has received some prior psychological treatment. However this is not entirely clear whether it is accurate or not. Continued psychological treatment is contingent upon the total quantity of requested sessions added to the total quantity of prior treatment sessions already received since the start of his psychological treatment to be consistent with the MTUS/official disability guidelines. On the request for treatment it indicates that the 12 sessions requested are part of an initial treatment request, however the provided documents indicate that some psychological therapy sessions appear to have occurred. If this request is in fact for an initial treatment meaning that it is the start of a brand-new course of psychological treatment, the request must follow the MTUS guidelines which specify an initial brief treatment course of therapy consists of 3 to 4 sessions (MTUS) or 4-6 sessions (official disability guidelines), additional sessions to follow are contingent upon outcome of the trial in which case this request for 12 sessions is excessive and ignores protocol. If this request for 12 sessions is a request to continue to provide psychological treatment as a part of an ongoing, already started, course of psychological treatment then there was insufficient documentation regarding prior treatment session outcome/quantity to establish the medical necessity the request. No treatment progress notes from psychological sessions were readily found in the 1600+ pages provided for consideration. The psychological evaluation from February 2015 did not sufficiently clarify this issue of prior patient psychological treatment. In either case the medical necessity the request is not adequately established by the provided document. This is not to say that the patient does not need psychological treatment only that the medical necessity this request was not established. Therefore, the utilization review determination is upheld. The request is not medically necessary.