MAXIMUS Federal Services

Case Number:	CM15-0087380		
Date Assigned:	05/11/2015	Date of Injury:	02/10/2015
Decision Date:	06/12/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/06/2015

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 35-year-old male, who sustained an industrial injury on 2/10/15. The injured worker has complaints of post-traumatic stress disorder like symptoms on top of a broken foot. The diagnoses have included post-traumatic stress disorder. The documentation noted that the injured worker is still very angry about the incident and having difficulties sleeping due to racing thoughts due to the incident. The documentation noted at the session dated 4/24/15, the injured workers treatment was non-compliance that he failed to follow through with obtaining information from Human Resources regarding workplace safety and that he needs to recognize that his being assaulted n the workplace does not excuse his propensities. Treatment to date has included health and behavioral intervention sessions. The request was for health and behavioral intervention 36 units (9 one-hour sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Health and behavioral intervention 36 units (9 one hour sessions): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: Citation Summary: 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 Health and Behavioral intervention 36 units (9 one hour sessions); the request was non-certified by utilization review with the following rationale provided: "additional treatment is not medically necessary as there is no indication of how many sessions the claimant has received already. This information is essential to gauge treatment effectiveness." 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. All of the provided treatment progress notes were reviewed carefully. Treatment progress notes were adequate and provided sufficient detail of the ongoing treatment process for this patient. The treatment has involved teaching the patient relaxation exercises as well as cognitive behavioral techniques and exercises. A treatment progress note from March 19, 2015 was found and indicated that this was the first session after a comprehensive evaluation was completed (also included for review). The treatment progress notes do contain adequate measured tracking of patient benefit and improvement with treatment, it appears that he has received 3 treatment sessions prior to the date of this request for additional treatment. In contrast to the utilization review decision rationale the findings of this IMR reveal that the included treatment progress notes are sufficient and that the request for additional treatment is medically appropriate and necessary. Because the request is medically necessary, the utilization review determination for non-certification is overturned.