

Case Number:	CM15-0088118		
Date Assigned:	05/12/2015	Date of Injury:	07/14/2011
Decision Date:	06/12/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/07/2015

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(n) 42 year old male, who sustained an industrial injury on 7/14/11. He reported injury to his left hand and thumb. The injured worker was diagnosed as having reflex sympathetic dystrophy, chronic pain, lumbar radiculopathy and depression. Treatment to date has included anti-depressants, oral pain medications, psychotherapy (since at least 2012) and physical therapy. As of the PR2 dated 3/5/15, the injured worker reported feeling worse due to not receiving talk therapy. He stated that his pain is severe and ongoing in the left hand all the way up to the neck. Objective findings include fair eye contact, tearful affect, fair insight and judgment and fleeting thoughts of dying, but no active intent. The treating physician noted that the injured worker had reached maximum medical improvement and will require ongoing psychiatric care with monthly office visits for medication management and psychotherapy. The treating physician requested 6-8 visits once a month.

IMR ISSUES, DECISIONS AND RATIONALES

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

6-8 visits 1 times a month: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental illness and stress, cognitive therapy for PTSD, Psychotherapy 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 Page(s): 23-24; 101-102. Decision based on Non-MTUS Citation ODG: 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 "6-8 visits one times a month" the request itself does not contain a specifier of what is actually being requested. Utilization review approved a modification of the request to allow for 4 visits only. The utilization review provided the following rationale for its decision: "The request is excessive as the patient should be reevaluated after 4 months to determine effectiveness." This IMR will address a request to overturn that decision. The provided medical records indicate that the patient has been diagnosed with the following: Major Depression, Single Episode, Severe without Psychotic Features; Posttraumatic Stress Disorder, Chronic Panic Disorder with Agoraphobia; Trichotillomania; Impulse Control Disorder Not Otherwise Specified. There are significant indications of psychiatric/psychological struggles including opiate medication issues, depression, panic disorder and several others that appear to necessitate ongoing psychological treatment. 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 continued psychological treatment for the following reasons: the medical records were insufficient in several respects. The provided medical records do not indicate how much treatment the patient has received to date and it could not be estimated by the provided information. Because the total quantity of sessions at the patient has received to date

could not be estimated it was not possible to determine whether or not the request for additional sessions conforms to MTUS/ODG guidelines. There were no psychological treatment progress notes provided from prior treatment sessions. Prior treatment appears to have been provided patient at a considerable quantity dating back for many years. There is no concise treatment summary of the amount frequency and outcome of prior treatment sessions. There is no active treatment plan was stated goals and estimated dates of accomplishment for the requested additional sessions. No documentation was provided whatsoever with regards to treatment outcome from prior treatment sessions. There was no objectively measured functional assessments provided documenting patient benefited from prior treatment. This is not to say that the patient does not require additional psychological treatment, only that the medical necessity of this request is not established by the provided documentation. Because the medical necessity of the request was not established, the request is not medically necessary.