

Case Number:	CM15-0242828		
Date Assigned:	12/23/2015	Date of Injury:	05/22/2015
Decision Date:	01/28/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/14/2015

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 32 year old female who sustained an industrial injury on 5-22-2015. According to physician documentation, the injured worker was diagnosed with post-traumatic stress disorder. Subjective findings dated 9-17-2015 were notable for anxiety, flashbacks and hyper-vigilance. She is reactive to triggers in her environment such as sudden noises and she is unable to function at her place of unemployment because of her experience of flashbacks. These began after the attempted break in by an intruder at her place of employment. Objective findings dated 9-17-2015 were notable for difficulty staying alone in her apartment to an extent that she had to go to Oregon with her sister. She is unable to return to work and is suffering from post-traumatic stress disorder. Treatments to date have included recommendation for eye movement desensitization and reprocessing (EMDR), and cognitive behavioral therapy to manage anxiety and intrusive thoughts. The Utilization Review determination dated 11-25-2015 did not certify treatment/service requested for 52 individual psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy times 52 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 update.

Decision rationale: According to the MTUS, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvement. Guidance for additional sessions is total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The Official Disability Guidelines (ODG) states that an initial 4 to 6 session 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. After the initial treatment trial, with documentation of patient benefit, the ODG recommends "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate). In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." A request was made for individual psychotherapy times 52 sessions, the request was non-certified by utilization review which provided the following rationale for its decision: "in this case there is no indication of the patient's baseline level of pathology. There is no metrics provided with which to assess the progression of treatment. Therefore, cannot determine the effectiveness of the requested intervention. The request cannot be approved without further information..." This IMR will address a request to overturn the utilization review decision. The medical necessity the request for 52 sessions of individual psychotherapy is not established by the provided documentation for the following reason: the request is excessive in quantity. As stated above, the ODG guidelines recommend 13 to 20 sessions for most patients. Although an allowance is made in cases of Major Depressive Disorder or PTSD with severe symptomology, to allow for up to 50 sessions, or one year of treatment, this request for the maximum quantity of sessions is excessive. Treatment progress needs to be assessed during the course of psychological treatment in order to determine if ongoing medical necessity is met. In addition, the request is excessive in quantity to a substantial degree. Therefore this request is not medically necessary or established.