

Case Number:	CM14-0130208		
Date Assigned:	08/20/2014	Date of Injury:	01/30/2013
Decision Date:	11/19/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Clinical Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records that were provided for this IMR, this patient is a 55 year-old male who reported an industrial related injury on January 30, 2013. The injury reportedly occurred during the course of his employment for [REDACTED]; the mechanism of injury was not specified. A psychiatric treatment progress report from April 2014 states that the patient is reporting that he feels better and is less depressed, less anxious, and less irritable. But also mentions that he reports always being afraid of something, worried, dizzy and clumsy and bumps into objects and often feels that they are either moving or spinning. There is still frequent and disturbing hopelessness at times but no suicidal ideation and good appetite/sleep, decreased anhedonia. Unchanged psychological symptoms include loss of libido, indecisiveness, decreased concentration and memory, poor self-esteem, and worthlessness, fear of driving a bus, derealization, and visual hallucinations of seeing shadows only when he feels dizzy. He has been taking the medication Remeron and denies side effects and started individual therapy and says that it was very helpful not only and having an opportunity to talk to somebody who would listen but in acquiring skills to control his mood and behavior. He continues individual therapy and states it helps with motivation and exercise and relaxation to decrease anxiety. He has been diagnosed psychologically with the following: Depressive Disorder Not Otherwise Specified, Anxiety Disorder Not Otherwise Specified with PTSD-like Symptoms; and Insomnia Related to Anxiety and Depression. Psychiatric treatment recommendations included continuing Remeron, starting Zoloft for depression and anxiety and continuing individual cognitive behavioral therapy for anxiety and depression as well as a recommendation for a neurological consultation to rule out BPV through his Kaiser insurance. No comprehensive psychological evaluation was provided nor was there any treatment plan for the additional requested sessions or stated goals indicating what additional treatment sessions would be

directed towards accomplishing with specific estimated dates. It appears that he has been receiving psychiatric care one time per month. However the frequency of the psychological treatment sessions was not able to be estimated. A similar note from his psychiatrist was found from June 2014 and states that his individual therapy (presumably with psychologist) was stopped because the therapist left the practice and that the patient was requesting a continuation. It is possible that this may be the reason for the lack of any records from his treating psychologist. The patient requested to return the work in a position that did not involve driving a bus, there was no indication what the response from his company was regarding this. The Remeron was to be tapered off and eventually discontinued while the patient continues to take Zoloft. A request was made for additional individual behavioral therapy one time weekly for six weeks, the request was not approved. The UR rationale for non-certification was stated as: "the medical necessity for additional CBT (cognitive behavioral therapy) cannot be determined at this time as the reports from prior visits have not been submitted for review to determine the number of visits completed and functional progress. The medical guidelines recommend a trial of a few visits of CBT for major depression with additional visits dependent on objective functional improvement. (The Psychologist is required to provide records from completed psychotherapy visits)." This independent medical review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Individual behavioral therapy once a week for 6 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, and Integrated Treatment/Disabilit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines

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 measureable/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) allows 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. With respect to this patient, the documentation for this independent medical review was insufficient in demonstrating medical necessity of the request. Although progress notes from his psychiatrist were provided, no medical records from his treating psychologist/therapist were found. In order to establish the medical necessity of additional psychological treatment sessions there must be documentation regarding prior sessions that indicate the total quantity of sessions that are been provided, and evidence of objective functional improvements have been obtained from treatment. As stated above, if patients are making progress in their treatment, according to the ODG, 13-20 sessions may be offered. It is essential to know how many sessions that the patient has had to date so that it can be determined if the maximum has already been reached or if there is available sessions left that can be offered. Without knowing the quantity of sessions that the patient has had this cannot be determined. In addition, continued treatment is contingent upon the demonstration of objective functional improvements. Findings are defined as an increase in activities of daily living, a decreased reliance on future medical care and a decrease in work restrictions, if applicable. Although the patient's psychiatrist mentions that he is benefiting from the therapy helps in terms of motivation, exercise and relaxation. Changes in anxiety and depression appear to be attributable to his work with a psychiatrist rather than psychological care but this also could not be clearly determined. The information does not address whether or not his improvements (which were not presented as measured/quantifiable changes) resulted in changes in activities of daily living or work restrictions or dependency on future medical care, and in general were not detailed other than just briefly mentioned in one sentence. Because the total quantity of sessions cannot be estimated or determined and because outcome of prior treatment sessions is unknown in terms of objective functional improvements, the medical necessity of ongoing treatment has not been established and therefore the original utilization review decision is upheld.