

Case Number:	CM14-0148183		
Date Assigned:	09/18/2014	Date of Injury:	05/28/2004
Decision Date:	11/21/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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 licensed in 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 independent medical review, this patient is a 56-year-old male reported an industrial/occupational work-related injury that occurred on May 28, 2004. On that date he was violently robbed, tied up and hit on the head resulting in a skull fracture and brain injury and psychological trauma. A note from August 2014 from his primary treating psychologist notes that he continues to be treated in outpatient psychotherapy for symptoms associated with his injury, that he continues to be very depressed and has anxiety and frustration along with back pain that radiates into his right leg. He has debilitating headaches that may or may not be a result of the metal plate. Psychologically, the patient has been diagnosed with: Major Depressive Disorder; Posttraumatic Stress Disorder; Chronic Pain; and Cognitive Neurological Impairment. According to the utilization review report the patient has been participating in outpatient psychotherapy treatment, it is not clear if the frequency is one time per month or two times per month, and has had approximately 31 prior sessions including 15 in 2014. Prior treatments have been noted to result in increased feelings of self-efficacy, control, and improvements in affect and mood an additional therapy is requested to increase activities and a more proactive lifestyle. An application for an independent medical review was made with the request for "psychotherapy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 4 additional sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. According to the ODG, guidance for additional sessions is: "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, he appears to have received at least 31 sessions in the past 2 years. There is no information that details his psychological treatment history since the time of his injury. Is unclear whether or not he has had prior courses of psychotherapy in the years from 2004-2012 and if so how much therapy was received and what the outcome was. With respect to this current treatment modality the treating psychologist provided several progress notes, but these did not indicate on the notes how many sessions in a cumulative manner the patient is had. Treatment goals were listed in vague terms such as "increase stress and pain management techniques and to increase daily activities and a more proactive lifestyle" but these are not quantified in a way that can be measured and there's no discussion of estimated dates by which goals would be accomplished. In addition the treatment goals are repeated month-to-month without reflecting changes or progress. Continued therapy is contingent upon meeting the criteria of objective functional improvements and showing progress in the treatment. This typically is defined as the following: increases in activity of daily living, decreases in work restrictions if applicable, and decreased dependency on future medical care. Based on the notes that were provided, his psychological status appears compromised but stable and chronic from month to month there is insufficient indication that treatment is resulting in significant and measurable improvements, which is needed to establish the medical necessity of further care. Because medical necessity is not established, the request to overturn the UR determination of non-certification is not approved.