

Case Number:	CM14-0184664		
Date Assigned:	11/13/2014	Date of Injury:	01/08/2009
Decision Date:	12/16/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/05/2014

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 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 provided for this IMR, this patient is a 34 year-old male who reported a work-related injury on January 8, 2009. The patient reported that he developed pain in his left knee and left ankle in May 2007 and that it progressed from mild to severe as he continued work related lifting and repetitive back movements. He reports a history of neck, low back, left knee, bilateral lower extremities, both ankles, and headache pain. He reported vomiting due to stress at work in January 2010 and began psychiatric treatment and filed a work comp claim at that time. Psychological treatment was begun once every 3 weeks. The history of any psychological /psychiatric treatments prior to this time is not documented. There was evidence of ongoing psychological care provided in 2013 through March 2014, unknown quantity/outcome. A progress report from the patient's primary treating psychologist dated November 10, 2014 states that the patient "has been continuing psychological treatment and appears less depressed and anxious has been making progress in activities of daily living in developing more of a sense of control over his pain and emotions continues to express fear about his physical status and anxiety about interactions with others which are being addressed in treatment. There are indications of suicidal ideation and the need to monitor affect, increase stress management and pain management techniques and to provide cognitive and behavioral skills to increase coping skills, focus, activities of daily living and quality-of-life. A prior progress note from September 2014 states the patient is severely depressed, and in overwhelming pain, and feels hopeless without the ability to cope and is returning to treatment. The note also indicates that he has no immediate intend or planned and his life, although "due to the severity of his depression he is clearly at risk." Psychological diagnosis is listed as: Major Depressive Disorder, Moderate to Severe with Anxiety, Regressed. This IMR will address a request to overturn the utilization review denial of 6 sessions of outpatient psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Psychotherapy x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Mental illness and stress; health psychology

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, cognitive behavioral therapy, psychological treatment Page(s):. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, November 2014 update

Decision rationale: According to the MTUS treatment guidelines, 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 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 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 the current request for 6 additional sessions of outpatient psychotherapy, the medical necessity of the request was not supported. MTUS and ODG guidelines for psychotherapy specify that continued psychological care is contingent upon objective functional improvements, i.e. a decreased need for future medical care, an increase in activities of daily living, and a reduction in work restrictions, if applicable. The maximum number of sessions for most patients is recommended to be 13 to 20 visits over a 7 to 20 week period of individual sessions, if progress is being made. The total number of sessions provided to date was not quantified, but prior sessions appear to span a period of time well over 2 years. Because the total number of sessions and duration of treatment that the patient has already received was not quantified, it was not possible to precisely determine whether he has exceeded the above mentioned guidelines, but it appears that most likely he has. Treatment goals did not include estimated expected dates of accomplishment, and there was no indication that treatment was leading towards independent care and a conclusion. The patient appears to be returning to treatment, and has done so several times. Although the official disability guidelines do make an allowance for extended treatment in very rare case of Severe Major Depression /PTSD, up to a maximum of 50 sessions for one year or more, even this guideline appears to be exceeded. Because the requested treatment appears to exceed maximum guidelines for duration and quantity of psychological care, Therefore, Outpatient Psychotherapy x 6 sessions is not medically necessary.