

Case Number:	CM14-0212603		
Date Assigned:	12/30/2014	Date of Injury:	08/17/1992
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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:

According to the provided medical records, this patient is a year old male who reported a work-related injury on August 17, 1992. This IMR will be focused on the patient's psychological condition and prior psychological treatment as it relates to the request. According to a utilization review notation the provider stated that the patient has completed 18 psychotherapy sessions in the past year (2014) and was requesting an additional 5 sessions. There was several areas of improvement based on prior treatment including coping with chronic pain and depression and increased daily activities. According to a treatment progress note from the patient's psychologist in May 2014 additional sessions were being requested twice monthly to help increase his ability to cope with and manage his pain, physical limitations, dependence on life, he is a diagnosis of Major Depressive Disorder Moderate with anxiety, improved. In July 2014 the provider requested 5 additional sessions to help them prepare for upcoming shoulder surgery. In August 2014 for an additional 5 sessions twice monthly was recommended after the requested shoulder surgery was not authorized creating frustration and anger and depression in the patient and having many years of requested treatments not authorized. There was no indication of objective functional improvements or treatment goals being met in these progress notes. A similar progress note from November 2014 was found, also without discussion of treatment goals or indications of patient benefited progress from prior therapy and containing a request for 5 additional sessions. Again the sessions are requested in order to "increase coping with pain management skills, physical limitations and assist in preparing for left shoulder surgery." The request was

made for 5 outpatient psychotherapy sessions, the request was non-certified, this IMR 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:

5 otpt psychotherapy sessions between 11/12/2014 and 4/13/2015.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, 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, November 2014 update.

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 recommend consisting of 3-4 sessions (up to 6 sessions ODG) to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for addition sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines allow somewhat more of an extended treatment and recommend 13-20 sessions maximum for most patients who are making progress in their treatment; in some unusually complex and severe cases of Major Depression (severe intensity) and/or PTSD up to 50 sessions if progress is being made. With respect to this patient's treatment, the psychological progress notes that were submitted were insufficient in demonstrating the medical necessity of additional treatment sessions. According to the official disability guidelines, for most patients the course of treatment consisting of 13-20 sessions is sufficient. The patient appears to party received ongoing therapy throughout 2014. Given that the patient's injury occurred in 1999, his history of past psychological treatment from prior years was not detailed. This information is needed in order to determine whether or not additional sessions are medically indicated. In particular, information is needed regarding the treatment that the patient has already received prior to this current course of treatment: for what duration of time and quantity of sessions, and what was the outcome in terms of patient benefit/objective functional improvements that were derived from prior treatment. With regards to the current course of treatment just in the past year he is received and estimated 18 sessions already. Utilization review correctly authorized 2 sessions to be authorized bringing his total to 20 which is the recommended maximum for most patients. Because the request for 5 sessions exceeds guidelines for quantity the medical necessity of the request is not supported. Although patient symptomology does appear significant, continued psychological care is

contingent upon not solely patient symptomology but also documentation demonstrating objective functional improvement and patient benefit as well as that the total quantity of sessions provided is consistent with recommendations in the treatment guidelines. Although there has been some mention of patient benefit from prior sessions, the documentation with regards to this issue was insufficient. There were no objectively measured indices of patient benefit nor was there any statement of specific treatment goals with dates of anticipated/estimated accomplishment and discussion towards them. References to progress were vague and unclear when they occurred. The treatment goals were repeated month-to-month with no indication of patient reaching them and no expectation of when they would be reached, there was no indication of interim progress towards of these specific goals. Because of these reasons the medical necessity of the request was not established. Because the medical necessity was not established, the utilization review determination is upheld. Therefore this request is not medically necessary.