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| Case Number: | CM14-0212683 | | |
| Date Assigned: | 12/30/2014 | Date of Injury: | 04/21/2006 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 12/19/2014 |

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 58 year old male who reported a work-related injury on April 21, 2006 during the course of his employment as a chef. The mechanism of injury was not made available for consideration. A partial/incomplete list of his medical diagnoses include: Chronic Pain, Left Post Laminectomy Syndrome; Facet Arthropathy; Lumbar Stenosis. He has had placement of spinal cord stimulator. He reports persistent low back pain with weakness and numbness radiating down the left lower extremity into the toes. Psychologically, he has sleeplessness due to pain and anxiety as well as suicidal thoughts at times and symptoms of depression and irritability. According to a peer review report from August 20, 2014, the patient reports psychological symptoms that include sadness, fatigue, poor concentration, depression, irritability, anger, social withdrawal, and poor sleep. He is diagnosed with the following: Major Depressive Disorder, Adjustment Disorder with Mixed Emotional Features, and Chronic Pain Syndrome. He has been prescribed Cymbalta and reportedly was benefiting from it when authorization was discontinued. Fluoxetine was added but is unclear if he is currently receiving it or benefited from it. According to APR-2 progress report. In a subsequent note is indicated that he is feeling depressed and useless more often since Cymbalta was not authorized and feels vulnerable when he is alone at night and sometimes experiences suicidal thoughts at that time. His diagnosis of major depression was detailed as moderate to severe in intensity without psychotic symptoms. A request was made for 3 sessions of psychotherapy, the request was non-certified by utilization review. 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:

Psychotherapy x 3 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 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, in December 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 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 for 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. The medical necessity of the requested treatment for 3 psychotherapy sessions was not established by the documentation provided. Continued psychotherapy treatment is contingent upon 3 criteria being met: significant patient psychological symptomology, that the total quantity of sessions already provided is within the official disability guidelines which suggest 13-20 sessions for most patients but in some cases of severe major depression/PTSD up to 50 if progress is being made, and that there is documented evidence of significant patient benefit including objective functional improvements based on prior sessions. Although the patient does appear to meet the criteria for having significant psychological symptomology that would suggest the need for psychological treatment, the other 2 criteria were not supported by the documentation provided. There was no discussion or mention of prior treatment and specifically there was no information provided with regards to how many sessions the patient is already received. In addition there was no discussion of benefit from prior treatment sessions. There was no treatment plan provided, nor was there any estimated dates of expected accomplishment of goals in treatment. The entire medical record

consisted of 62 pages very few of which related to the patient's psychological condition with the majority being paperwork related to insurance issues. There were no session notes for any prior psychological sessions, nor was there a psychological treatment summary or update of what is been accomplished and what issues are being addressed. Because of these reasons the medical necessity was not established. Because medical necessity was not established additional sessions cannot be authorized and the utilization review determination is upheld.