

Case Number:	CM14-0214048		
Date Assigned:	12/31/2014	Date of Injury:	03/15/2002
Decision Date:	02/25/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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 40 year old female who reported a work-related injury that occurred on March 15, 2002. The mechanism of injury was not reported. A partial list of her medical diagnoses include: L5-S1 fusion and L4-L5 disc arthroplasty; localized peripheral tear of the posterior horn of the medial meniscus in the red zone right knee. Status post right knee arthroscopic right knee surgery. The utilization review notation states that as of May 29, 2012 the patient had been seen for 8 individual sessions of biofeedback and approximately 12 individual psychotherapy sessions and there was a request for additional treatment at that time. There is a note that she completed 12 sessions of psychotherapy on July 29, 2014. There is a notation from the adjuster of the claim stating that the request is actually for a time extension of a previously approved psychotherapy times 12 sessions in the original approval date was given on September 29, 2012. According to a treatment progress note from the patient primary psychologist on July 29, 2014 session number 12/12 (authorized). The patient presents with the depressed mood and mild anxiety there is continued pain post surgery and IBS complications. Psychological treatment has continued with cognitive reframing and setting realistic appraisals given the context of her injury and surgery as well as setting realistic goals to assist with being able to identify progress through her healing process. Treatment focused on structuring worrying and behavioral activation to reduce avoidance based decision-making. Work status is deferred to PTP and there are no limitations or modifications on a psychological basis. There is a notation from her primary treating physician that the psychotherapy sessions

being requested had been authorized but that they expired and that prior treatment has been beneficial for management of depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

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. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient 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. With regards the request for 12 additional sessions of psychotherapy, the medical necessity of the request was not established by the documentation provided for this review. Continued psychological treatment is contingent upon significant patient psychological symptomology, that the total quantity of sessions provided falls within the recommended guidelines, and that there is evidence of patient benefit from prior treatment sessions including objective functional measured indices of improvement. The medical records that were provided did not substantiate all of these criteria. There was no evidence of objective functional improvement based on prior sessions, there were almost no session notes provided or treatment summaries provided, it was unclear how much prior psychological treatment she has already received. Given the patient injury occurred in 2002 there needs to be a comprehensive review of the amount of treatment that she is already received from a psychological perspective.

There was no psychological evaluation provided for consideration, and although treatment goals were noted there was no dates of expected anticipated accomplishment of these goals. Also missing were any indications of treatment goals that have been met based on prior sessions. Because of these reasons medical necessity was not established for continued psychological treatment. Therefore, Psychotherapy; 12 sessions is not medically necessary.