

Case Number:	CM14-0218048		
Date Assigned:	01/07/2015	Date of Injury:	04/10/2012
Decision Date:	03/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/29/2014

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:

The injured worker is a 55-year-old male, with a reported date of injury of 04/10/2012. The results of the injury were anxiety and depression. The current diagnoses include major depressive disorder and adjustment disorder with mixed anxiety and depression. The past diagnosis includes adjustment disorder with mixed anxiety and depression. Treatments have included Cymbalta, Ativan, and Restoril, which were helpful. The psychiatric progress report (PR-2) dated 10/31/2014 indicates that the injured worker was sad, hopeless, and worried. The objective findings included depression, anxiety, and the need for ongoing services. The treating physician indicated that the weekly cognitive behavioral psychotherapy sessions were necessary to treat the injured worker's condition and symptoms. The injured worker was instructed to remain off work until released by the physician, and was temporarily totally disabled. On 11/25/2014, Utilization Review (UR) denied the request for twenty (20) weekly individual psychotherapy sessions. The UR physician's complete rationale was missing from the UR determination letter provided for review. The ACOEM Guidelines and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty weekly individual psychotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines Page(s). Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines

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 recommended 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) allow 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 to the current requested treatment, the medical necessity of the request has not been established by the documentation provided. It is unclear how many prior treatment sessions the patient is already received since the time of his initial injury. Although the exact quantity of prior treatment sessions is unknown, it does appear that he has been already provided in lengthy and generous course of psychological care. For example, at least 32 sessions were authorized in 2013, additional sessions appear to have been authorized in 2014 however this is not clear how many. His psychological treatment history in terms of prior session quantity and duration prior to 2013 is unknown but it appears very likely that he has had psychological care during that timeframe. The request for 20 sessions represents the maximum quantity recommended. Because the request for continued treatment exceeds the recommended guidelines for treatment quantity, the request is not indicated as being medically necessary. Because medical necessity was not established the utilization review determination for non-certification is upheld.