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| Case Number: | CM14-0069988 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 12/07/2012 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/15/2014 |

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 female patient reported a work-related injury that occurred on December 7, 2012. She was noted that the mechanism of injury was a motor vehicle accident that resulted in a subarachnoid hemorrhage, left brachial plexus lesion, multiple pelvic fractures and fractures of the left tibia, right femur, and right foot. She reports memory difficulty and left arm pain. She reports severe migraine headache and depression. She is noted to have impairments in safety, judgment, impulsivity, poor generalization of skill training to daily life skills. A partial and incomplete list of her medical diagnoses include cortex (cerebral) contusion and cognitive disorder not otherwise specified. Her left arm is in a sling secondary to brachial plexus injury. She has been requiring 24 hour supervision due to limited awareness and impaired judgment. There is depression relating to relationship problems. She's been receiving neural skills 3 times a week for occupational therapy, physical therapy and some cognitive rehabilitation. She's been attending group psychotherapy and is awaiting a driving evaluation. She reports frustration with her rehabilitation and the need for constant supervision in the home. Medications include Cymbalta for depression. A request was made for weekly individual psychotherapy (unspecified duration): The request was non-certified by utilization review, the rationale for the decision for not approving the requested treatment was not provided in the records received for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly Individual psychotherapy (Unspecified duration): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines. See also. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavior therapy, psychotherapy guidelines, December 2015 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 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. 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 requested treatment of weekly individual psychotherapy (unspecified duration) the medical necessity of the request could not be established based on materials that were provided for consideration. The medical records were insufficient in terms of the patient's prior psychological treatment. No psychological treatment notes were found in the medical records provided for consideration. Continued psychological treatment is contingent upon: significant patient psychological symptomology, documented evidence of objective functional improvement and patient benefit from prior treatment as well as progress being made in treatment, and that the total number of sessions that the patient has received conforms with the above stated guidelines for quantity. In this case the requested treatment is unspecified in terms of quantity there is no duration or session quantity provided. Therefore it is essentially unlimited sessions and cannot be authorized as such. Because there was no documentation regarding prior sessions it was not possible to determine whether or not she has had psychological treatment in the past and if so how much and what the benefits if any or derived from it due to insufficient documentation and unspecified request for quantity of sessions the medical necessity could not be established. This is not to say that the patient does not require psychological treatment based on a review of the medical records it appears that she

might however medical necessity could not be established because of the above-mentioned issues, therefore the utilization review determination for non-certification is upheld.