

Case Number:	CM15-0009412		
Date Assigned:	01/27/2015	Date of Injury:	08/31/2012
Decision Date:	03/17/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/15/2015

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 43 year old female, who sustained an industrial injury on 8/31/2012. The current diagnoses are pain disorder, depressive disorder, and rule out post-traumatic stress disorder and major depressive disorder. Currently, the injured worker complains of increased pain in low back and right foot. The pain is rated 7/10 on a subjective pain scale. Additionally, she reports feeling more depressed. Treatment to date has included medications, psychotherapy, and surgery (10/14/2013). The treating physician is requesting psychotherapy 6 sessions, which is now under review. On 1/9/2015, Utilization Review had non-certified a request for psychotherapy 6 sessions. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines: See al.

Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, February 2015 update

Decision rationale: Citation: 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. Decision: The utilization review determination for non-certification stated: "The patient has already received 5 or 6 sessions of psychotherapy treatments; and there is no indication/documentation of clinically meaningful objective functional improvements. The measurement of short-term patient progress with self-reported psychometric instruments (e.g. the BDI BAI used here) is not meaningful (the validity of utilizing such instruments in this repeated fashion is not been established) and does not demonstrate clinically meaningful progress. A change in test scores or other subjective measures is insufficient to demonstrate medically meaningful progress or effectiveness of this psychotherapy. The utilization review rationale for non-certification continues by stating: "there is no provided record of current weight or BMI or whether the patient is obese at this point. However such can be a significant problem in chronic benign pain and certainly likely with complaints of chronic lower extremity pain. Yet there is no allusion to this or weight loss as a treatment focuses in this case, even though this is a well recognized and appropriate target of the psychotherapeutic/behavioral intervention."The utilization review rationale for non-certification is entirely incorrect. The use of the Beck Depression Inventory and Beck anxiety inventory to monitor change in patient response to treatment is an appropriate and easy way to measure objective improvement in symptoms. Furthermore, a patient's weight is not a factor of consideration and determination of patient medical necessity or treatment appropriateness. Continued psychological treatment is contingent upon the presence of all of the following 3 factors: continued significant patient psychological symptomology that impairs daily functioning, documentation of patient benefit from prior treatment treatment including objectively measured functional improvement (e.g. ADL increases, decrease in dependency on future medical and decrease in work restrictions if applicable), and that the total quantity of sessions can warms to the above stated guidelines for quantity, typically 13-20 sessions for most patients with some exceptions made for some cases of very severe major depression/PTSD. According to patient progress notes that were provided by the treating

psychologist the patient was first referred for psychological treatment sometime after her psychological evaluation that occurred on January 27, 2014. According to a progress note the patient had session number 6/6 occurred on November 4, 2014. As best as could be determined, this notation is in reference to the most current/active treatment authorization and not in ongoing cumulative total of all of the treatment that the patient has received to date. What is needed in order to allow for additional sessions would be the number of total sessions at the patient has had to date rather than in reference to the most recent authorization. Because the total number of sessions that the patient has received to date could not be clearly determined it was not possible to determine whether this request for additional treatment conforms to above stated treatment guidelines for quantity. Because of this reason the medical necessity of the request could not be established. Because medical necessity could not be established the request to overturn the utilization review determination for non-certification.