

Case Number:	CM15-0013511		
Date Assigned:	02/02/2015	Date of Injury:	04/24/2013
Decision Date:	03/18/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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:

This 52-year-old male sustained a work-related injury on 4/24/2013. According to the PR2 dated 3/11/2014, the injured worker's (IW) diagnoses are post-traumatic stress disorder (PTSD); panic disorder with agoraphobia; major depressive disorder (MDD), single episode, severe without psychotic features and insomnia related to PTSD and MDD. He reports that he feels better and is beginning to do work projects around the house as well as take walks outside daily. Previous treatment includes psychotherapy and medications. The treating provider requests twelve 60-minute psychotherapy sessions. The Utilization Review on 1/14/2015 modified the request to allow four (4) 60-minute psychotherapy sessions. California MTUS and ODG Psychotherapy references were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy (60 min sessions, provided as needed) QTY: 12: Upheld

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

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 February 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 co-morbid 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: based on the provided medical records, the medical necessity of the request for 12 additional sessions of psychological treatment was not established. The total quantity of prior treatment sessions provided could not be determined. Continued psychological treatment is contingent upon all 3 of the following factors being clearly documented: significant patient psychological symptomology, evidence of patient benefit from prior treatment including documentation of objective functional improvement, and that the total quantity of sessions received and conforms to the above stated guidelines. The guidelines for treatment quantity specifically state that for most patients of course of treatment 13-20 sessions is sufficient but that in some cases of severe Major Depressive Disorder/ PTSD additional sessions up to 50 maximum can be allowed if progress is being made. This patient appears to qualify for the extended treatment based on diagnosis and documentation of patient benefit/improvement from treatment. However, it appears that he likely has already received the maximum quantity that would be recommended under the guidelines. The exact quantity of sessions that he has received was not clearly stated and is unclear, it could not be reasonably estimated by the documentation provided but appears to exceed the guideline maximum. A comprehensive psychological evaluation was not provided and no record of the mechanism of injury and how it has resulted in psychological symptomology was provided for consideration. The medical records do indicate that the patient is suffering from severe anxiety and depression and symptoms of PTSD. It is not clear how or why these symptoms developed other than the patient was working in corrections. There was indication that the patient had been suicidal but it appears that those symptoms had been resolved for quite some time. A factor in the resolution of the suicidality is the concern that it would have had a deleterious impact on his wife. Psychological treatment progress notes date back at least to November 4, 2013. A treatment progress note from April 14, 2014 states "we re-initiated therapy today as the patient did not wish to switch therapist. This suggests that an unknown quantity but substantial amount of treatment occurred prior to April 14, 2014. Topics

of therapy sessions included: review of previous material, behavioral activation, examining your thoughts for accuracy, psycho-educational, identifying automatic thoughts and modifying dysfunctional thoughts. Patient was "cooperative but slightly anxious". Diagnosis Post-traumatic stress disorder, Major depressive disorder severe without psychotic features, Agoraphobia with panic disorder. There was no clearly stated treatment plan with estimated dates of expected accomplishment of goals. Multiple treatment progress notes were provided with sufficient detail that evidenced patient benefit from prior treatments. There is indication of improvement due to psychological treatment with less depressed mood, less anxiety, less derealization, better concentration, better self-esteem and better energy level with less PTSD symptoms and less irritability. Startle response and hypervigilance symptoms continued to be reported. The patient also reports that individual therapy has been beneficial. Because the total quantity of sessions that the patient has received already appears to exceed the maximum guidelines for the most severe cases of major depressive disorder/PTSD, the medical necessity of continued psychological treatment is not established. Because the medical necessity is not established the utilization review decision is upheld.