

Case Number:	CM15-0016212		
Date Assigned:	02/04/2015	Date of Injury:	10/26/2010
Decision Date:	03/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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 45 year old female, who sustained an industrial injury on October 26, 2010. She has reported upper extremity injury. The diagnoses have included insomnia due to mental disorder, and mild depressive psychosis, lateral epicondylitis, and bursitis. Treatment to date has included medications, and cognitive behavioral therapy. Currently, the IW complains of chronic bilateral upper extremity pain and depression. The records indicate she reports no significant changes in symptomology from previous evaluation. On December 29, 2014, Utilization Review non-certified psychotherapy with psychologist for additional six sessions of cognitive behavioral therapy, quantity #6, based on ODG guidelines. On January 28, 2015, the injured worker submitted an application for IMR for review of psychotherapy with psychologist for additional six sessions of cognitive behavioral therapy, quantity #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy With Psychologist for Additional Six Sessions of Cognitive Behavioral Therapy Quantity: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 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) 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: A request was made for 6 sessions of cognitive behavioral psychotherapy, the request was non-certified by utilization review the following rationale provided: "given the information received, including no documented current signs and symptoms of depression, no submitted psychological depression treatment notes, no mention of specific gains or functional improvements to the psychological treatment and no documentation of the total number of psychological treatment sessions attended for this injury, the request cannot be considered medically necessary consistent with the guidelines noted."Continuation of psychological treatment is contingent upon documentation of all three of the following: significant patient psychological symptoms, patient benefit derived from prior treatment sessions including objectively measured functional improvement, and that the total quantity of sessions being requested is consistent with the above guidelines. All the medical records that were submitted for consideration for this IMR were carefully reviewed. A group psychotherapy progress note was provided from the primary provider of mental health treatment from December 22, 2014. It was noted that the patient had attended session number 6 of cognitive behavioral therapy for insomnia. This does not appear to be a cumulative treatment session number it appears to be relative to the number of sessions that have been authorized. There is no indication of the total number of psychological sessions she has had to date. This information is needed in order to determine whether or not she has exceeded the treatment guidelines for quantity maximum. The progress note continues by stating that the patient is experiencing early-morning awakening and was able to identify precipitants for her sleep issues and how to manage them. Treatment focused on working through ambivalence and improving treatment adherence. The note was that patient benefited from the group and has learned to establish a constant sleep schedule and cut down on caffeine and has integrated relaxation techniques. In addition, there is

a notation from the patient's Primary treating physician that treatment for her industrial related injury has resulted in evidence of improvement in the following ways: decreased irritability, frustration, hopelessness, and emptiness; increased understanding of her emotional response to physical limitations before bedtime. Although the patient appears to be experiencing psychological symptomology at a clinically significant level, and although there is documentation of patient benefited from prior treatment sessions, the total quantity of sessions at the patient has already been provided could not be accurately determined. The official disability guidelines recommend 13 to 20 sessions for most patients. There is an exception that can be made for patients with very severe major depressive disorder or PTSD. This does not appear to apply to this patient given her psychological/psychiatric diagnoses. Given that the total number of sessions recommended is from 13 to 20 maximum and that the patient appears to have already received this number of treatment sessions, although again that could not be determined definitively, the request appears to exceed guidelines and therefore the medical necessity is not established. Because medical necessity is not established due to excessive treatment quantity the utilization review determination for non-certification is upheld.