

Case Number:	CM15-0111601		
Date Assigned:	06/18/2015	Date of Injury:	04/23/2013
Decision Date:	07/20/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/09/2015

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 41 year old male, who sustained an industrial injury on 4/23/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having adjustment disorder with mixed anxiety and depressed mood and pain disorder associated with both psychological factors and general medical condition. There is no record of a recent diagnostic study. Treatment to date has included 20 psycho-therapy sessions and medication management. In a progress note dated 5/3/2015, the injured worker complains of depression and anxiety. Physical examination showed improved Beck Depression Inventory score. The treating physician is requesting 8 additional psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional psychotherapy x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation

ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for additional psychotherapy 8 sessions; the request was non-certified but was modified to allow for 6 sessions by utilization review. This IMR will address a request to overturn this decision and allow for the entire 8 sessions. According to a psychological treatment progress note from the patient's primary treating physician from May 3, 2015, the patient is noted to have received psychological treatment approximately every week for adjustment disorder with mixed anxiety and depressed mood as well as pain disorder. She is described as initially being in a deteriorated psychological status with significant depression and anxiety and has now completed 20 therapy sessions. There is noted improvement in her mood, her use of cognitive behavioral strategies is reported to have resulted in "fewer breakdowns" and she feels better able to manage her anxiety and depressive symptoms and be more productive in her activities. It is noted that she can now pick up her children's school intense doctor appointments and volunteers for some school-based field trips and has been attending church and family outings on the weekends. Psychotherapy is focused on providing the patient with increased self-esteem and confidence in decreasing despondent mood and depressive feelings. Additional treatment (8 sessions) is being requested to further "assist her in improving her psychological status, reducing anxiety of the word anxious and depressive feelings, and proving her day-to-day functioning ability to relate to family members and others." A nearly identical treatment progress note was found from January 26, 2015. Is not clear when the patient started to receive psychological treatment however indications of prior psychological treatment are noted as of March 3, 2014 under a different provider. According to a comprehensive psychological queue and the report from July 7, 2014 the patient is diagnosed with the following: Pain Disorder associated with both Psychological Factors and a General Medical Condition (orthopedic); Adjustment Disorder with mixed anxiety and depressed mood/chronic. Continued psychological treatment is contingent upon the

establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. At this juncture the patient appears to receive the maximum amount of psychological treatment per MTUS guidelines for most patients with her diagnosis: the MTUS/ODG guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions maximum and while an exception can be made for cases of very severe psychiatric/psychological symptomology this does not appear to apply in this case or for patients with her diagnosis. The patient is reported to have completed 20 sessions with the current provider and possibly received additional treatment with a separate prior provider although this could not be definitively determined. Because the maximum session quantity has been reached, additional treatment sessions under the MTUS/official disability guidelines are not medically indicated. For this reason the utilization review determination is upheld. The request is not medically necessary.