

Case Number:	CM15-0112412		
Date Assigned:	06/18/2015	Date of Injury:	12/18/2010
Decision Date:	07/20/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/10/2015

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 male, who sustained an industrial injury on 12/18/2010. The current diagnoses are anxiety and sleep disorder secondary to medical condition. According to the progress report dated 5/6/2015, the injured worker notes that he is having his own indication of recognition of accepting his limitations associated with his back condition. The mental status examination reveals stiff and rigid posture. He is calm and appropriate with an underlying tone of anger and irritability in his voice. He denies any thoughts about hurting himself or others. The current medications are Abilify, Klonopin, and Effexor. Treatment to date has included medication management, psychotherapy, and crisis intervention program. The plan of care includes 20 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 sessions of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavior therapy guidelines.

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 20 sessions of psychotherapy; the request was noncertified by utilization review of the following provided rationale: "in this case, the patient has had at least 12 psychotherapy sessions to date. The records do not note objective functional improvement with the sessions. As such, the request is not certified." This IMR will address a request to overturn the utilization review decision. 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. The provided medical records do not establish the medical necessity the requested treatment due to insufficient documentation of prior psychological treatment. There are indications in the treatment progress notes that the patient has received approximately 12 sessions of psychological treatment from [REDACTED] licensed marriage family therapist who had been providing cognitive behavioral therapy since March 15, 2013 with good response to bimonthly sessions. However, no treatment progress notes were provided with regards to his psychological treatment whatsoever. As best as could be determined from the medical records it appears that this therapist is no longer available to provide treatment to the patient and that most likely a new therapist would be needed. This might explain the absence of psychological treatment progress notes from his prior psychological treatment. Copious and detailed treatment

progress notes from a psychiatrist were found but they do not make reference to his psychological treatment. There is no active treatment plan from the psychologist regards to a psychological treatment nor is there any detailed discussion of treatment goals and objectives with estimated dates of accomplishment. Is not entirely clear how me sessions he is already received. In the absence of detailed information regarding the patient's prior psychological treatment the request for 20 sessions is excessive. The MTUS and official disability guidelines to allow for a course of psychological treatment consisting of 13 to 20 sessions maximum for most patients. In cases of severe major depression/PTSD additional treatment sessions up to 50 maximum could be offered. Based on the medical records which reflect the patient having suicidal ideation and behavior that resulted in hospitalization psychiatrically it is conceivable that he might qualify for the extended course of psychological treatment. However as already mentioned the request for 20 sessions is excessive especially if he is to start treatment with a new therapist. The MTUS and official disability guidelines both specify that continued psychological treatment is contingent upon the establishment of medical necessity via documentation of objectively measured functional improvement based on the treatment provided. At this juncture because there is no documentation provided regarding his prior treatment 20 additional sessions are not deemed to be medically appropriate or necessary, although it should be noted that psychological treatment does appear to be indicated only that the quantity of sessions being requested in the absence of documentation is excessive. For this reason, the medical necessity the request is not established the utilization review determination for non-certification is not medically necessary.