

Case Number:	CM15-0113770		
Date Assigned:	06/22/2015	Date of Injury:	08/24/2013
Decision Date:	07/21/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/12/2015

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 female who sustained an industrial injury on August 24, 2013. She has reported depression and anxiety and has been diagnosed with depressive disorder and posttraumatic stress disorder. Treatment has included medication and therapy. She still has depression and anxiety but is better but may be having issues with the side effects of the medications. She still had issues with concentration. Objective findings note anxiety. The treatment request included psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy once a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological treatment Page(s): 19-23. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, and 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: Citation Summary: 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 individual psychotherapy once a week for 12 weeks, a request was non-certified by utilization review of the following provided rationale: "the claimant has undergone 16 sessions of psychotherapy. The notes describe that the patient is more social and has better focus. The Dr. requested another 6 sessions that should be the conclusion. The ODT also states the provider should evaluate symptom improvement during the process so that treatment failures can be identified early an alternative treatment strategies can be pursued if appropriate. Certify individual psychotherapy x6." 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. According to the primary treating physician progress report (PR-2) from April 22, 2015, the patient is reporting that "treatment is helpful with concentration, still depressed and anxious but better, maybe having issue with side effects of medications. Sleep is better but still issues every other night. Still has issues with concentration and still anxious and still having flashbacks 3-4 times a week whereas before 3 to 4 times per day. Diagnosis depressive disorder unspecified and post-traumatic stress disorder." Treatment plan is described as: "continue treatment one time a week plus meds." According to comprehensive 115 pages, psychological evaluation the patient was diagnosed on may 29 2015 with the following clinical psychiatric syndrome and other conditions: Major Depressive Disorder, Single Episode, Moderate and Posttraumatic Stress Disorder, Chronic. Based on the provided medical records, the medical necessity of the requested 12 additional psychological treatment sessions was marginally established.

Current treatment guidelines for psychological treatment recommend a typical course of psychological treatment consisting of 13 to 20 sessions maximum for most patients (official disability guidelines, March 2015 update). However, there is an exception that is made in cases of severe major depressive disorder or PTSD it would allow up to a maximum of 50 sessions for one year's worth of treatment. In this case, the patient does appear to have symptoms of PTSD although they seem to fail to reach the level of severe symptomology and based on the provided medical notes appear to be more in the moderate range. At this juncture the patient has received at least 16 psychological treatment sessions to date. It is possible more have been provided but it could not be determined definitively. The provided psychological treatment progress records were handwritten, few in number, and only marginally acceptable. Treatment progress notes from her psychological treatment were only provided for 3 sessions. They were very brief and limited in content. There is no active treatment plan with stated goals and estimated dates of accomplishment nor is there indication of what specific goals have been accomplished based on prior treatment. There is no discussion of the treatment methodology being utilized. They provided subjective impressions of the patient with few objective indices although it was noted that there is been a fairly substantial decrease in PTSD flashback symptomology from 3 to 4 times a day to 3 to 4 times a week. Utilization review did offer a modification to allow for 6 sessions. In this case, the medical necessity of 12 additional sessions does not appear to be established due limitations in the treatment progress notes that were provided for consideration. Therefore the utilization review determination is upheld.