MAXIMUS Federal Services

Case Number:	CM15-0115248		
Date Assigned:	06/23/2015	Date of Injury:	06/22/2010
Decision Date:	07/23/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/15/2015

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 56 year old female, who sustained an industrial injury o 06/22/2010. On provider visit dated 04/29/2015 the injured worker has reported ongoing depression, high anxiety and irritated moods and not being able to sleep through the night. On examination of the injured worker was noted not to have any serious mental status abnormalities. No depression or mood elevation was noted, speech was normal. She denies any suicidal or homicidal, hallucinations and delusions. Anxiety was predominated and the feeling of hopelessness was also noted. The diagnoses have included major depressive disorder. Treatment to date has included therapy, laboratory studies and medication. The provider requested psychiatric 20 sessions and psychotherapy 20 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional follow-up visit for psychiatric 20 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): ACOEM chapter 15 page 398 B, Referral.

Decision rationale: According to the ACOEM Stress related concerns chapter specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. A request was made for additional follow-up visits for psychiatry 20 sessions; the request was non-certified by utilization review with the following provided rationale: "worker with 3-year history of accepted psychiatric stress injury who has been afforded extensive, multimodal psychotherapy, partial hospitalization, and psychiatric input that appears to exceed the industrial guidelines, is no longer affording functional benefit, and is focusing on non-industrial and palliative concerns that are not endorsed by the industrial guidelines. Inasmuch as the industrial criteria for medical (psychiatry) necessity are not satisfied I am recommending denial for the 20 additional sessions each of psychiatric follow-up and psychotherapy requested." This IMR will address a request to overturn the utilization review decision. According to a recent treatment progress note from May 22, 2015 from the patient's primary treating psychiatrist, she presents with angry feelings as well as frustration anxiety poor sleep low frustration tolerance restlessness and irritability. She has been diagnosed with major depressive disorder, recurrent episode, moderate severity. There are notations of medication adjustment to the medication Pristiq 100mg decreasing to 50 mg, and adding Risperdal 1 mg at night, continuing Ambien as prescribed. There is also indication that the patient has not shown any significant changes in her psychological/psychiatric symptomology since prior treatment sessions. The medical necessity of this request for 20 additional follow-up visits of psychiatry is not established by the provided documentation. It appears based on the prior treatment progress notes the patient is being seen twice a month, therefore this would be the equivalent of 10 months worth of psychiatric treatment. Typically as a patient stabilizes on a psychiatric medication regime the frequency of psychiatric sessions can be decreased to once every 2 to 3 months which would indicate a treatment duration possibly as long as a year or more assuming a gradual reduction in frequency. Because this request for 20 sessions is excessive in both quantity and duration, the medical necessity of the request is not established on this basis. Because this request is found to be excessive in quantity and thereby does not allow for the continued ongoing establishment of medical necessity as indicated by objectively measured functional improvement and patient benefit as well as progress in treatment. Therefore because the medical necessity the request is not established the utilization review determination for non-certification is upheld.

Additional psychotherapy 20 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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. 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 medical necessity of the requested treatment is not established by the provided documentation. This request is for 20 additional psychological treatment sessions. Current treatment guidelines recommend a typical course of psychological treatment consisting of 13-20 visits maximum for most patients. There is an exception that can be made in cases of severe major depressive disorder/PTSD however it does not appear that this exception would apply to this patient's diagnosis. Is not clear how many treatment sessions the patient has already received to date in total. Because it is not clear how much treatment the patient has already received he could not be determined to what extent 20 additional visits would fall within the treatment guidelines. However, because the treatment guidelines recommend a maximum of treatment sessions for most patients consisting of 20 visits this would thereby exceed the

guidelines for this patient based on the fact that she has already been receiving prior psychological treatment. Because this request appears to exceed the treatment guidelines in terms of session quantity the medical necessity of the request is not established and therefore the utilization review decision for non-certification is upheld on this basis.