

Case Number:	CM15-0116346		
Date Assigned:	06/24/2015	Date of Injury:	07/17/1999
Decision Date:	07/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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:

This 43 year old male sustained an industrial injury on 7/17/99. He subsequently reported low back pain, depression and anxiety. Diagnoses include depersonalization, major depressive disorder and post-traumatic disorder. Treatments to date include individual therapy. The injured worker continues to experience difficulty with sleep, poor attention, concentration, decreased motivation, irritability and anxiety. Upon examination, the injured worker presents as irritable, anxious and depressed. He is also visibly experiencing pain and shifts positions often in the session. Deep tendon reflexes were 2/ 2. A request for 24 individual psychotherapy sessions was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 individual psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Psychotherapy for MDD (Major Depressive Disorder); Cognitive therapy for depression.

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: 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 24 individual psychotherapy sessions; the request was modified by utilization review to allow for 13 sessions with the remaining 11 non-certified. The utilization review decision rationale was provided as such: "The patient is a candidate for psychotherapy at this time. After review of the patient's complaints and providers assessment, it was determined that the treatment is necessary in order to help the patient cope with his stress-related illness. Additional sessions may be requested if improvement is noted during the process." This IMR will address a request to overturn the utilization review decision. The medical records indicate that the patient is currently being treated with psychotropic medication and is expressing suicidal ideation (without plan or intention) and symptoms of Major Depression with intrusive memories of a traumatic event. Although, psychological treatment appears to be medically necessary as well as appropriate this time the quantity of sessions being requested is excessive. The official disability guidelines suggest that a typical course of psychological treatment consists of 13 to 20 sessions maximum. There is an exception that can be made in cases of severe major depression or PTSD which might, or might not, apply in this case that would allow additional treatment sessions contingent upon the establishment of medical necessity as evidenced by patient benefit and progress from treatment including objectively measured functional improvement. Because the request exceeds the maximum recommended guidelines for most patients, and because there is a need to assess ongoing progress in the treatment as well as continued medical necessity, the quantity of sessions being requested is excessive and therefore the medical necessity of 24 individual psychotherapy sessions is not established per MTUS/official disability guidelines. Therefore the utilization review decision is upheld. 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 request is not medically necessary.