

Case Number:	CM15-0119818		
Date Assigned:	06/30/2015	Date of Injury:	02/16/2012
Decision Date:	07/30/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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 34 year old female, who sustained an industrial injury on 2/16/2012. She reported developing psychiatric symptoms secondary to work related stress. Diagnoses include major depressive disorder, insomnia secondary to pain, and psychological factors affecting medical conditions. Treatments to date include medication therapy and psychotherapy. Currently, she complained of decreased energy, anxiety, tearfulness, inability to sleep and severe pain. On 2/27/15, the physical examination documented a flat affect, inability to make decisions, low self- esteem, and tearfulness during psychotherapy sessions. The provider documented therapy was helpful and improving functional ability as evidences by increased motivation to do simple things such as get out of bed, engage in family and social networks and comply with medical appointments. The plan of care included individual psychotherapy, one session per week for twenty weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy (1) session per week times (20): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress, Cognitive therapy for depression.

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: 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. A request was made for Individual psychotherapy (1) session per week times (20). The request was non-certified by utilization review which provided the following rationale for its decision: "In this case the patient has had at least 18 sessions of psychotherapy sessions. It is noted that the patient was certified for 6 psychotherapy sessions on October 16, 2014 which has benefited the patient by stabilizing feelings of depression. It is noted that treatment has also helped increase hope in recovery and eventually school or returning to work. It is noted that the patient has made functional improvements such as being motivated to get out of bed, engage in family and social networks and comply with medical appointments. However, these same objective findings noted in the December 31, 2014 report, which outlined that no significant changes were made. In addition, there is no indication that this is a complex mental disorder, which might require extended treatment. There are no recent medical records describing why additional treatment is necessary. Furthermore, the records received indicate that the patient has been functioning in the community and participating well in already established treatments. Given that there is no significant change since the first presentation, further psychotherapy is not authorized." This IMR will address a request to overturn the utilization review decision of non-certification. 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. Although the patient is reported to remain psychologically symptomatic at a clinically significant level, and although there are medical records indicating that the patient has benefited and make progress in her psychological treatment that is provided to date, the request itself is excessive in terms of quantity. This request is for 20 individual psychotherapy sessions held one time per week or the equivalent of 5 months of therapy. The patient has been afforded a generous and lengthy course of treatment already. The precise quantity of treatment sessions that she has received to date is unclear. It is noted in the utilization review reports that she has received at a very minimum 18 sessions. The MTUS/official disability guidelines recommend a typical course of psychological treatment consisting of 13 to 20 sessions maximum. She appears to be well within that range if not having already exceeded it. There is an exception that is noted in the official disability guidelines that additional sessions up to a maximum of 50 total to occur over the course of one-year time frame may be appropriate in complex cases of severe major depression and/or PTSD. However, the total quantity of sessions at the patient has received to date is unclear and appears to exceeds a one year recommended timeframe for psychological treatment. Either way, the request for 20 sessions were approximately 5 months of treatment is determined to be excessive at this juncture given that she has already received a significant amount of treatment. The request also negates the necessity of providing ongoing documentation and reestablishment of medical necessity during the course of psychological treatment. For this reason the request for 20 sessions is not medically necessary or established in the utilization review determination for non-certification is upheld.