

Case Number:	CM15-0120000		
Date Assigned:	06/30/2015	Date of Injury:	06/01/1994
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
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 54 year old female, who sustained an industrial injury on 6/1/1994. The mechanism of injury is unknown. The injured worker was diagnosed as having depressive disorder and panic disorder. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/26/2015, the injured worker complains of anxiety rated 9/10 and depression 8.5/10. Physical examination showed anxious mood. The treating physician is requesting psychotherapy extension of previously authorized psychotherapy every 2 weeks with medication check monthly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy extension of previously authorized psychotherapy every 2 weeks with medication check monthly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

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 psychotherapy "extension of previously authorized psychotherapy every two weeks with medication check monthly" the request was non-certified by utilization review of the following provided rationale: "a request was sent for information to [REDACTED] office on June 4, 2015 as follows: "please advise how many therapy sessions and medication visits are requested at this time. Please advise how many visits and sessions have been used. Please provide a list of the current prescribed medications. Please advise if a specific type of therapy is planned. Please advise improvements attributed to the sessions. Thank you" no information to the above questions has been received. This request is denied for lack of information." 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 medical necessity of this request was not established by the provided documents for several reasons. The request itself is unclear. All requests reaching the IMR stage must have a treatment quantity attached per request. This request appears to be a combination of two separate requests one for psychotherapy and the other for medication check monthly. Neither of these issues have associated quantities being requested clearly stated on the IMR application that matches the utilization review. Thus, the request is in effect for unlimited and open-ended treatment for which the medical necessity is not established. In addition to the above-mentioned issue, there are additional issues and that the medical records

that were provided do describe the patient's current psychological status which appears to be clinically significant and possibly in need of psychological treatment. However, they do not contain sufficient information regarding the patient's prior psychological treatment in terms of treatment duration and quantity of prior sessions at the patient has already participated in. This number is needed in order to determine whether request for additional sessions conform to the MTUS guidelines, which recommend a typical course of psychological treatment to consist of 13 to 20 sessions for psychotherapy. Finally there is no documentation of objectively measured functional improvement based on prior psychological treatment sessions at a party been provided. This also is needed in order to establish the patient is benefiting from treatment that she is already previously received. With regards to the request for medication management because it is combined with the psychotherapy requested is considered to be one request and they are treated in an all or none manner. Psychiatric/psychotropic medication may be medically indicated and necessary for this patient however, this could not be determined based on the limited documentation provided and because of the above-mentioned reasons. Because of these reasons, the medical necessity of this request is not established and therefore the utilization review determination is upheld. This is not to say that the patient is not in need of either psychological or psychiatric treatment only that the medical necessity of this particular request is written was not established by the provided documentation.