

Case Number:	CM15-0120286		
Date Assigned:	06/30/2015	Date of Injury:	10/27/2008
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:

This 49 year old man sustained an industrial injury on 10/27/2008. The mechanism of injury is not detailed. Diagnoses include depressive disorder. Treatment has included oral medications. Physician notes on a PR-2 dated 6/8/2015 show complaints of ongoing pain that is affecting his sleep and activity levels resulting in depression and anxiety. Recommendations include weekly psychiatric session to address complaints and improve stress coping skills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych individual therapy 1xwk x 6wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines 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: 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 "psych individual therapy 1x wk x 6 wks"; the request was non-certified by utilization review which provided the following rationale for its decision: "in this case, there is a reported flair of psychological symptoms due to an injury that his wife endured. There is no clear direct link between his wife's injury and the patient's reported work incident of 10/27/08. There is no clear documentation of interval history or past trials of care and objective response to justify continuation of this type of care. Documentation is missing regarding past trials of psychotherapy, chronic pain management programs and-or continuation of home stress relief exercises or for medication management of any residual symptoms." 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 provided medical records indicate that the patient reports an injury to his back while working as a forklift operator and was trying to hold onto a heavy pallet in order to stop it from falling. He currently is reporting symptoms of depression and anxiety that are impacting his interpersonal relationships and affecting his psychological state as well as negatively affecting sleep and activity levels. According to a PR 2 progress report from the patient's primary treating psychologist, the patient has ongoing complaints of pain which are negatively affecting his sleep and activity levels and severely disrupting his quality-of-life and affecting his psychological state with depression and anxiety with interpersonal relationships suffering due to irritability and frustration been by the denial of authorization for analgesic medications. He's been diagnosed with depressive disorder not otherwise specified. Continued psychological treatment is requested to address "issues above and improve pain/stress-coping

skills over the next two months." The medical necessity the requested treatment is not established by the provided documentation. The above mentioned PR-2 psychological treatment progress note was the entirety of the treatment progress notes provided for consideration for this IMR. There is no comprehensive treatment plan with stated goals and estimated dates of accomplishment. There is no indication of how much treatment the patient has received to date. There is no indication of what if any objectively measured functional improvements the patient has received from prior psych treatment. The efficacy of prior treatments has not been clarified to the extent that would validate this request. In the absence of sufficient psychological treatment progress records, the medical necessity of this request could not be established. It is possible that the patient does require psychological treatment; however in the absence of supporting documentation detailing information regarding the patient's current treatment as well as past psychological care this request is not medically necessary and therefore the utilization review decision is upheld.