

Case Number:	CM15-0122069		
Date Assigned:	07/06/2015	Date of Injury:	12/13/1996
Decision Date:	08/04/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/24/2015

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 57 year old female, who sustained an industrial injury on 12/13/96. Initial complaints were not reviewed. The injured worker was diagnosed as having major depression, recurrent; moderate and somatic symptom disorder with pain; right middle finger ganglion cyst; left long finger biceps tendinitis; persistent right shoulder tendinopathy with medial neuropathy; hiatal hernia; persistent lumbar radiculopathy. Treatment to date has included status post C6-C7 discectomy (2/16/98); status post right subacromial decompression with labral debridement (7/21/98); status post left subacromial decompression (2/16/99); IDET procedure L4-L5 (7/28/00); status post left carpal tunnel decompression with lateral epicondylar resection (10/7/03); status post right carpal tunnel decompression with resection of lateral epicondyle (4/13/04); status post right middle finger ganglion cyst excision (1/3/13); status post left long finger biceps tendon tenodesis (4/3/13); physical therapy; psychotherapy; medications. Currently, the PR-2 notes dated 5/14/15 indicated the injured worker is currently participating in individual cognitive-behavioral psychotherapy every three weeks. Treatment goals and interventions include processing feelings and coping skills. The injured worker reports she has gained coping skills for mood management from these sessions. Her current symptoms include chronic pain and depression. She tells herself she can cope with the pain and reminds herself to take her medications as prescribed by pain management. The provider's treatment plan included a request for psychotherapy 6 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Official Disability Guidelines (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 6 psychotherapy sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "in this case, the current request for additional psychotherapy exceeds the guideline recommendations and there was limited objective evidence of functional improvement. The records for this patient reflect that she is already undergone at least 22 psychotherapy sessions for her depression and chronic pain. The guidelines allow for up to 20 visits. The current request exceeds guideline recommendations..." 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 has been

participating in psychological treatment and they do reflect that the patient has been benefiting from this treatment. However, the total treatment quantity of sessions already received has apparently exceeded the Official Disability Guidelines recommended maximum which is 13 to 20 sessions based on documentation of patient progress in treatment. The patient is reportedly had at least 22 sessions at this juncture and an additional 6 sessions would bring the total to 28 sessions at the minimum. There is an exception that can be made in some cases of severe symptomology however this does not appear, based on her psychological diagnosis, to apply in this case. Because the request for additional sessions has been found to be excessive with respect to the official disability guidelines recommendations the request is not medically necessary.