

Case Number:	CM15-0126788		
Date Assigned:	07/13/2015	Date of Injury:	12/18/2010
Decision Date:	08/10/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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 43 year old male who sustained an industrial injury on 12/13/10. Initial complaints and diagnoses are not available. Treatments to date include medications and psychiatric treatments. Diagnostic studies are not addressed. Current complaints include "spiraling down of conditions." Current diagnoses are not addressed. In a progress note dated 05/06/15 the treating provider reports the plan of care as weekly therapist appointments and medications including Abilify, Klonopin, and Effexor. The requested treatments include psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 23.

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 psychotherapy (unspecified session quantity) the request was non-certified by utilization review due to a lack of documentation of objective functional improvement during prior sessions. This IMR will address a request to overturn that 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. According to the provided medical records the patient is participating in ongoing psychiatric treatment. Although there was sufficient documentation of the patient's psychiatric treatment, there was no documentation provided or found in the medical records with regards to the patient's psychological for psychotherapy treatment. According to a psychiatric treatment note from May 6, 2015 the patient is reported by the psychiatrist to be having very significant psychiatric symptomology and additional psychological and psychiatric treatment may be indicated. However, the medical necessity of this particular request as submitted was not established as it fails to meet the above stated criteria. Because the provided medical records contained no data whatsoever with regards to the patient's prior psychological treatment history in terms of the session quantity received already to date and any objectively measured functional outcome for patient benefit from prior psychological treatment the medical necessity of the request for additional psychological treatment could not be established. In addition, this request for tenure psychological treatment is unspecified in terms of session quantity being requested. All requests for psychological treatment reaching the IMR level should have a quantity of sessions requested attached to it. In the absence of a quantity of sessions, the request is considered to be open-ended and unlimited for which the medical necessity is not established.

Because this request is not supported by the industrial, the utilization review decision for non-certification is upheld. This is not to say that the patient does or does not. Require psychological treatment, only that the medical necessity of this request as submitted was not supported as medically necessary due to insufficient documentation of patient prior treatment history as well as an indication of how many sessions are being requested. Therefore, the request is not medically necessary.