

Case Number:	CM15-0128461		
Date Assigned:	07/15/2015	Date of Injury:	10/14/2013
Decision Date:	08/11/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/03/2015

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 35 year old male, who sustained an industrial injury on 10/14/2013. He reported a right upper extremity crush injury requiring multiple surgeries for reconstruction and repair. Diagnoses include depressions and Post Traumatic Stress Disorder (PTSD). Treatments to date include weekly psychotherapy sessions in March, April, May and June, 2015. Currently, the goal of therapy was documented as reducing fear and anxiety. There were no subjective symptoms documented. On 6/23/15, the physical examination documented he was tearful when talking about going back to work and had difficulty with avoidance behaviors. The provider documented the therapy was helpful to desensitize, decrease anxiety, and increased relaxation. The plan of care included the appeal requested authorization for a retrospective review of psychotherapy sessions from dates of service from 3/9/15-6/22/15 and a prospective review for continued psychotherapy sessions one a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: psychotherapy sessions (major depressive disorder, posttraumatic stress disorder) (DOS: 03/09/15 through 06/22/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cognitive behavioral therapy guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Mental Illness & Stress Procedure Summary Online Version last updated 03/25/2015 Psychotherapy Guidelines.

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 Official Disability Guidelines (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. Decision: A request was made for psychotherapy sessions (Major depressive disorder, Post-traumatic stress disorder) (dates of service March 9, 2015 through June 22, 2015). With the following provided rationale for its decision: "While the claimant reports improvement from prior cognitive behavioral therapy, this assessment of treatment gain is not objective and does not offer sustained functional improvement. The claimant remains unable to work. The claimant received cognitive behavioral therapy since January 2014 and there is limited evidence that the claimant was unable to tolerate and use the learned coping techniques and addressing the residual complaints." This IMR will address a request to overturn the utilization reviews 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 is not established by the provided

documentation. Is not clear how much prior treatment the patient has received. The total quantity of sessions that the patient has received to date is not stated in a clear manner in the progress notes provided. The request itself is for an unspecified quantity of sessions. The request refers to a date range from March 9, 2015 through June 23, 2015 without a specific quantity. According to a psychological treatment progress note (June 23, 2015) March through June 2015 this would appear to be for 15 sessions however this information has to be clearly stated in the request for IMR and match the UR decision. The utilization review decision for non-certification furthermore emphasizes that there is insufficient documentation of objectively measured functional improvement. This IMR found ample and substantive subjective reports of patient benefit from treatment, including: getting more control of his thoughts and feelings around the trauma, less fearfulness of his memories, feeling better over the course of therapy, and making sense of what happened and having fewer negative thoughts about the trauma. It is also noted that the PTSD is "less severe and depression is less severe and the patient is trying to stay productive at home and continuing to come to terms with his permanent disability." However, the June 2015 progress report does not include any objectively measured indices of change and the subjective reports are not backed up with any commonly used psychological assessment instruments (e.g., Beck Depression Inventory or quantification of increased activity at home). Objectively measured and quantified functional improvements are also needed to establish medical necessity (e.g. increased activities of daily living, decreased reduction or dependency on medication or future medical care, return to work or reduction in work restrictions, increase in home exercise program and/or increased social behavior or activity such as volunteering). Without knowing the total quantity of sessions being requested in the context of the total quantity of sessions the patient has received to date, and without clear documented evidence of patient benefit including objectively measured functional improvement, the medical necessity of this request was not established and therefore the utilization review decision is upheld. The request is not medically necessary.

Continued psychotherapy sessions x once a week (major depressive disorder, posttraumatic stress disorder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cognitive behavioral therapy guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Mental Illness & Stress Procedure Summary Online Version last updated 03/25/2015 Psychotherapy Guidelines.

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 Official Disability Guidelines (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. Decision: A request was made for "Continued psychotherapy sessions x once a week (major depressive disorder, post-traumatic stress disorder). The request was non-certified by utilization review which provided the following rationale for its decision: "while the claimant reports improvement from prior cognitive behavioral therapy, this assessment of treatment gain is not objective and does not offer specific sustained functional improvement. The claimant remains unable to returned to work. The claimant received cognitive behavioral therapy since January 2014 and there is limited evidence that the claimant was unable to tolerate and use the learned coping techniques and addressing the residual complaints. Given these reasons the medical necessity for psychotherapy sessions is not evident." 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 for continued psychotherapy sessions one time a week is not established. The request itself is nonspecific in terms of quantity of sessions being requested. Because of this, the request as written is essentially a request for unlimited and open-ended quantity of psychological psychotherapy sessions. All requests for psychological treatment submitted for IMR level must specify how many sessions are being requested; without knowing how many sessions are being requested, is not possible to determine whether the request is consistent with industrial guidelines. The Official Disability Guidelines recommend that a typical course of psychological treatment consist of 13 to 20 sessions with sufficient evidence patient benefit and progress from treatment which typically includes objectively measured functional improvements. There is a notation that in cases of very severe major depression or PTSD additional sessions up to 50 maximum for one year's worth of treatment can be authorized. Given the nature of the patient's industrial related injury of having his hand mangled in a machine and multiple surgeries resulting in psychological sequelae including a diagnosis of Moderately Severe Major Depressive Disorder and Post-traumatic Stress Disorder, psychological treatment for this patient may be appropriate contingent upon meeting the above stated guidelines for medical necessity with proper documentation. However, in this case, because the quantity of sessions being requested is not clear, it could not be determined whether or not the request would exceed these guidelines. Therefore the medical necessity the request is not established and the utilization review decision for non-certification is upheld. The request is not medically necessary.