

Case Number:	CM15-0129227		
Date Assigned:	07/15/2015	Date of Injury:	01/10/2014
Decision Date:	08/20/2015	UR Denial Date:	06/16/2015
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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 female, who sustained an industrial injury on 1/10/2014. The mechanism of injury was an assault. The injured worker was diagnosed as having post-traumatic stress disorder, chronic pain syndrome and limb pain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/29/2015, the injured worker complains of left hand and wrist pain, numbness and swelling. Physical examination showed swelling, decreased grip strength and decreased sensation. The treating physician is requesting 48 sessions of psychotherapy and 48 sessions of psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2x for 24 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Psychiatric Association.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress/Cognitive therapy for PTSD.

Decision rationale: ODG states "Cognitive therapy for PTSD is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual TFCBT is superior to stress management in the treatment of PTSD at between 2 and 5 months following treatment, and also that TFCBT was also more effective than other therapies. (Bisson, 2007) (Deville, 1999) (Foa, 1997) (Foa, 2006) Cognitive therapy is an effective intervention for recent-onset PTSD. (Ehlers, 2003) Empirical research has demonstrated consistently that Cognitive Behavioral Therapy (CBT) is supported for the treatment of PTSD. It has been demonstrated that CBT is more effective than self-help, de-briefing, or supportive therapy in preventing more entrenched PTSD symptoms. Importantly, it is unclear if supportive therapy was of any clinical value in the treatment of PTSD since it appeared to impede psychological recovery. Number of psychotherapy sessions: There is very limited study of the exact number of sessions needed in a course of psychological or psychiatric treatment. There are a small number of studies offering some basic directions on this topic, and they are summarized below. Using historical data from workers' compensation cases, the ODG guidelines for number of visits are consistent with actual reported data. Using the ODG Crosswalk for the common ICD9 diagnosis code 308, Acute reaction to stress, and the CPT procedure code 90806, Individual psychotherapy, office or outpatient, approximately 45-50 minutes face-to-face, the number of visits at the 25% percentile was 5, the median was 12 visits, and the 75% outlier percentile was 33. (URA, 2014) This meta analysis found that the effects increased somewhat with a higher number of treatment sessions beyond 4 to 6 sessions, but this did not continue after 18 to 24 total sessions. However, there was a strong relationship between the number of treatment sessions per week and effect size. When two instead of one treatment session are given per week, without increasing the total number of sessions, the effect size increases by 0.45. (Cuijpers, 2013) This systematic review compared 12 to 20 sessions with abbreviated psychotherapy protocols (8 sessions), and they concluded that depression can be efficaciously treated with either protocol. (Nieuwsma, 2012) The benefit to the patient of a trial is that, if likely treatment failures can be identified early in the treatment process, alternative treatment strategies can be pursued. Nonresponse by session/week four was strongly associated with nonresponse at the end of treatment. This systematic review focused solely on symptom-based outcome measures, because functioning and quality of life indices do not change as markedly within a short duration of psychotherapy. (Crits-Christoph, 2001) This study showed early rapid response after 5 psychotherapy sessions, but complete response after 20 sessions. (Hayes, 2007) This study suggested that adolescents who have not demonstrated at least a 16% reduction in their depressive symptoms after 4 sessions should consider a change in the treatment plan. (Gunlicks-Stoessel, 2011) Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. (Leichsenring, 2008) Many patients show remission of symptoms in 8-12 sessions, but a full

course of treatment is considered to be 14-16 sessions although severe cases can take longer. (Butler, 1995) A range of 11-16 treatment sessions is suggested for short-term treatment of depression. (Ward, 2000) Long-term psychotherapy (30 sessions or more) is more effective than short-term therapy, particularly in cases of more severe psychiatric impairment. (Leichsenring, 2001) Clearly there is benefit in evaluating progress, but there is insufficient evidence to specify a specific number of visits for a trial, and there is risk that such a number could be used as a cap. Therefore, ODG recommends that at each visit the provider should look for evidence of symptom improvement, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate); In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The request for Psychotherapy 2x for 24 weeks i.e. 48 sessions is excessive and not medically necessary. The guidelines recommend an initial trial of 6 sessions and need for further treatment can be determined based on evidence of objective functional improvement from the initial trial.

Psychiatric Treatment 2x for 24 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Psychiatric Association.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The request for Psychiatric Treatment 2x for 24 weeks i.e. 48 visits is excessive and not medically necessary. There is no clinical indication for 48 visits of Psychiatric Treatment.