

Case Number:	CM15-0140533		
Date Assigned:	09/09/2015	Date of Injury:	02/07/2001
Decision Date:	10/08/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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 was a 62 year old male, who sustained an industrial injury, February 1, 2001. According to progress note of December 16, 2014, the injured worker was receiving psychological supportive therapy for depression and anxiety. The progress note of February 12, 2015, the injured worker was fatigued looking. The injured worker was still significantly depressed despite constant use of fluoxetine. The injured worker had poor motivation because of this and stays in bed a great deal of the time. The injured worker's mood was fair. The progress noted of February through June 16, 2015, the injured worker's mood was fair. The injured worker was diagnosed with chronic migraines, depression, anxiety and diabetes mellitus, cervical spine spasms and chronic intractable shoulder pain. The injured worker previously received the following treatments Cymbalta, Lorazepam for anxiety, botox injection for migraines, pain management and psychology therapy. The RFA (request for authorization) dated June 16, 2015, which included continuing psychotherapy for 3 visits. The UR (utilization review board) denied certification for psychotherapy for 3 visits on June 23, 2015, due to unable to establish a basis that the treatments were both reasonable and necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Psychotherapy X3 visits Dates 1/22/2015, 2/19/2015, 3/26/2015:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines August 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 retrospective authorization of 3 sessions of psychotherapy; the request was non-certified by utilization review which provided the following rationale for its decision: "The patient has already received an excessive number of treatments and there is no indication or documentation of clinically meaningful objective functional improvements recent sessions in question." 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. Although the total quantity of treatment sessions is unknown, it was stated that the patient has received several years of psychological intervention. The official disability guidelines allow for 13 to 20 visits for most patients with a rare exception being made in cases of the most severe Major Depressive Disorder or PTSD which allow up to 50 sessions for one year. The provided medical records did not include psychological treatment progress notes or summary of psychological treatment that has been provided to date. There's no psychological

treatment plan provided with stated goals and estimated dates of accomplishment of those goals or clearly stated prior goals that have been accomplished as a direct result of his treatment. There is no indication of what prior psych treatment has been accomplishing over the past several years. No objectively measured functional indices of improvement or assessment instruments were provided to reflect patient improvement. Essentially, no communications from the treating and requesting psychologist were included for consideration other than the one page letter with regards to this request specifically without any additional supporting information provided. This request because of the quantity of sessions already provided and absence of supporting document ion, is excessive in quantity and unsupported according to the industrial guidelines for treatment requested and therefore the request is not medically necessary or established and the utilization review decision is upheld.