

Case Number:	CM15-0170205		
Date Assigned:	09/10/2015	Date of Injury:	08/21/2013
Decision Date:	11/25/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/28/2015

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:

This is a 64 year old male with a date of injury on 8-21-13. A review of the medical records indicate that the injured worker is undergoing treatment for post traumatic stress disorder. Qualified medical evaluation dated 3-20-15 recommended continued psychotherapy one time per week for at least six months. Progress report dated 8-10-15 is very poor copy and nearly illegible. Subjective complaints: anxiety, guilty feelings about what happened, difficulty concentrating, trouble remembering parts of what happened, sleep problems, loss of interest in hobbies or social activities, emotional numbness, more family problems than usual and feeling distant. Objective findings: high blood pressure tinnitus, headache and pain. Treatments include: medication, cognitive behavior therapy, post traumatic stress disorder groups, deep breathing, imagery desensitization and talk therapy. Request for authorization received 8-14-15 was made for psychotherapy 1 time per week for 6 months. Utilization review dated 8-21-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy once a week for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Psychotherapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment, Behavioral interventions. 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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. A request was made for individual psychological treatment for six months one time per week (equivalent of 24 sessions) The recommendation was noncertified by utilization review with the following rationale provided: "No contact was made with the provider. There is no indication of how many sessions of individual psychotherapy this person has had and how they might have responded to that treatment. Therefore the medical necessity is not been established, recommended non-certification." 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, March 20, 2015, the patient had a comprehensive QME evaluation in Psychology and reported having experienced a robbery at gunpoint with significant PTSD symptoms and reportedly began treatment with the psychologist using EMDR in 2014 with [REDACTED]. The patient continues to experience significant symptoms of PTSD, depression, anxiety with sleep disturbance. It was noted that he is benefiting from his treatment with [REDACTED] but that was stopped because he was told he would have to "pay for further treatment and that he was already financially strained." There was no clear indication of how much treatment the patient received to date. Prior to his treatment with [REDACTED] the patient saw [REDACTED]. The patient is currently diagnosed with Post Traumatic Stress Disorder onset August 21, 2013 and Depressive Disorder not otherwise specified onset August 21, 2013. The industrial guidelines for psychological treatment (ODG Official Disability Guidelines) recommend 13 to 20 sessions of psychological treatment individual cognitive behavioral therapy for most patients. An exception can be made in cases of PTSD to allow for up

to 50 visits cases of severe symptomology. As best as could be determined the patient has already received and exceeded more than 50 sessions of psychological treatment for his industrial injury that have been afforded to him on an industrial basis. Although the patient does appear to remain symptomatic, he also appears to reportedly have benefited from treatment and has experienced improvement. Because the patient has exceeded the recommended maximum guidelines that are afforded to the most severe cases of psychological symptomology, additional psychological treatment is not supported by the industrial guidelines for industrial related psychological symptomology. In addition, this request is for a very large number of sessions covering a large span of time (six months), medical necessity of treatment needs to be established on an ongoing basis and six months of treatment would not allow such a process to occur. The request itself would bring the total number of sessions to well over 75 sessions provided not including any treatment other than his with [REDACTED]. For this reason the medical necessity the request is not established and utilization review decision for non-certification is upheld.