

Case Number:	CM15-0171071		
Date Assigned:	09/11/2015	Date of Injury:	08/20/2009
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/31/2015

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 70 year old male, who sustained an industrial injury on August 20, 2009, resulting in pain or injury to the neck, back, and left hip, with concussion. Currently, the injured worker was noted to report pain in the neck, shoulders, arms, hands, lower back, knees and right foot, with anxiety and depression. A review of the medical records indicates that the injured worker is undergoing treatment for recurrent major depressive disorder, generalized anxiety disorder, insomnia related to generalized anxiety disorder, and chronic pain, and stress related psychological response affecting headaches. The Comprehensive Permanent and Stationary Psychological Evaluation Report dated June 18, 2015, noted the injured worker had developed and maintained some mild, depressive, and anxious symptoms from a long history of cannabis use, exacerbated as a consequence of chronic pain and physical limitations related to the orthopedic injuries sustained as a result of his industrial injury. Prior treatments have included at least six weeks of physical therapy noted to help some, cervical spine fusion in 2010, cognitive behavioral therapy (CBT), supportive group therapy, and medications, including current medications listed as Amlodipine, Norco, and Neurontin. The injured worker's psychological condition was noted to have reached a permanent and stationary status. The provider noted the injured worker had attended a brief course of psychotherapy before discontinuing treatment, experiencing no improvement in his emotional condition, continuing to report symptoms of anxiety and depression. The injured worker reported feeling sad, tired, self-critical, and irritable, with difficulty sleeping, nervousness, dizziness, trembling in his hands, chest pain and discomfort, heart palpitations, and shortness of breath. The injured worker was noted to walk with right leg weakness, with a soft, emotional speech pattern, and a sad and anxious mood. The provider noted that the injured worker's orthopedic condition had improved with worsening of

his anxious symptomatology. Psychological testing was noted to show the injured worker's anxiety and depressive symptoms had chronically developed. The injured worker's psychological condition was noted to have reached a permanent and stationary status, with recommendation that the injured worker receive mental health services. The request for authorization dated August 11, 2015, requested group psychotherapy 1 time a week for 24 weeks. The Utilization Review (UR) dated August 20, 2015, modified the request to approve 7 group psychotherapy sessions as acceptable and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychotherapy 1 time a week for 24 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress - Hypnosis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. 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. Decision: a request was made for group psychotherapy one time per week for 24 weeks; the request was modified by utilization review which provided the following rationale for its decision: "during peer-to-peer conversation, an agreement was made that 7 group psychotherapy sessions would be acceptable and appropriate. This when added to the previous 13 sessions would total guideline recommended 20 sessions." This IMR will address a request to overturn the utilization review decision and 24 visits. 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 symptomatology 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 the requested treatment is not established by the provided documentation due to excessive quantity. The MTUS and official disability guidelines recommend a limited course of cognitive behavioral therapy for industrial injuries. The official disability guidelines recommend a typical course of psychotherapy consisting of 13 to 20 sessions maximum. According to the medical records, provided specifically the utilization review report; the patient has received at least 13 sessions to date. A request for 24 sessions would bring the total to 37 sessions which exceeds recommended guidelines maximum of 20 by nearly double. Although, in some cases of very severe Major Depressive Disorder additional sessions past the recommended 20 maximum can be authorized in some cases, the additional sessions are contingent upon evidence of patient benefit and progress in treatment including objectively measured indices of functional improvement. The request for 24 weekly sessions represents the equivalent of 6 months of therapy without the needs to demonstrate functional improvement, continued medical necessity and patient benefit and therefore is excessive. For this reason the medical necessity is not established and utilization review decision is upheld and therefore is not medically necessary.