

Case Number:	CM15-0175953		
Date Assigned:	09/17/2015	Date of Injury:	08/25/2009
Decision Date:	10/20/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/08/2015

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 46 year old male, who sustained an industrial injury on 8-25-2009. Medical records indicate the worker is undergoing treatment for social phobia, generalized anxiety disorder and recurrent depression. Progress notes from 4-13-2015 and 5-18-2015 indicated he was well nourished, well developed and in no apparent distress with mood and affect appropriate. A recent progress report dated 7-20-2015, reported the injured worker presented for psychiatric follow-up. Examination revealed the injured worker was compliant and cooperative with all treatment recommendations and remained stable in Cymbalta 60mg daily. Treatment to date has included prior psychotherapy and medication management. The physician is requesting Individual Psychotherapy, 12 sessions, as outpatient (continued) to 2 sessions. On 8-5-2015, the Utilization Review modified the request for individual psychotherapy, 12 sessions, as outpatient (continued) to 2 sessions

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy, 12 sessions, as outpatient (continued): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, 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) recommends 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 psychotherapy 12 sessions as an outpatient (continued); the request was modified by UR, which provided the following rationale for its decision: "Claimant's had twelve (12) recent sessions of therapy plus multiple others in the past... Request currently does not meet criteria in that it does not adequately document ongoing psychological problems that require continuing therapy. Therefore, partial authorization to sessions is given in order to allow time for such documentation." This IMR will address a request to overturn the utilization review decision and authorize 12 sessions. The requested 12 sessions of psychotherapy on an industrial basis is not supported by the documentation provided. The total quantity of sessions is not known. Although session quantity is listed on each of the provided psychological treatment progress notes it is listed relative to the authorization rather than a cumulative total. Because the total quantity of sessions that have already been provided to the patient is not known, it could not be determined whether or not 10 additional sessions would be consistent with industrial guidelines. In addition, the provided medical records, while documenting patient psychological symptomology at a clinically significant level, do not contain discussion or evidence of objectively measured functional improvement as a direct result of treatment. For these reasons, the request is not medically necessary or established on an industrial basis and therefore the utilization review modification to allow for two sessions is upheld. 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.