

Case Number:	CM15-0177422		
Date Assigned:	09/18/2015	Date of Injury:	11/21/2008
Decision Date:	10/22/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/10/2015

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 45 year old male, who sustained an industrial injury on 11-21-2008. He has reported subsequent headaches, left sided pain and weakness, cognitive issues, anxiety, depression and suicidal ideation and was diagnosed with penetrating skull wound with intra-parenchymal brain damage, lumbosacral strain and sprain, post-traumatic left sided hemiparesis, major depressive disorder, insomnia, post-traumatic stress disorder, generalized anxiety disorder and cognitive disorder not otherwise specified. Treatment to date has included pain medication, physical therapy, cognitive behavioral therapy, bracing, application of cold, chiropractic therapy, hypnotherapy, psychiatric treatment and surgery. The injured worker was noted to have attended a therapy group for a year, which helped reduce suicidal thoughts, and taught him strategies to control his anger. In a comprehensive permanent and stationary psychological evaluation report dated 06-01-2015, the injured worker reported continuing headaches that were exacerbated when under stress, neck, left shoulder, back, left lower extremity and left foot pain, decreased appetite with 10 pound weight loss since his industrial injuries. The injured worker also reported feelings of hopelessness, anger, sadness and irritability, lack of motivation, social isolation and withdrawal, loss of interest in usual activities, difficulty concentrating, occasional angry outbursts, difficulty sleeping and occasional nightmares with flashbacks about events surrounding his injuries. 95% of the injured worker's psychiatric disability was estimated to be directly related to orthopedic and traumatic brain injuries sustained while working and the injured worker's psychological condition was noted to have reached a permanent and stationary status. Work status was documented as temporarily totally disabled. The physician noted that the injured worker should continue to participate in cognitive-behavioral and supportive psychotherapy twice a month and psychiatric treatment every two months for a year. In a

qualified medical examiner report dated 07-25-2015, the physician recommended at least 16 weekly individual cognitive behavioral therapy to decrease symptoms of anxiety and depression and help with coping with pain and physical limitation. A request for authorization of group medical psychotherapy, 24 visits was submitted. As per the utilization review on 09-01-2015, the request for group medical psychotherapy, 24 visits was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy, 24 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Group therapy; Psychodynamic psychotherapy.

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: See also Group Therapy 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. Regarding Group therapy, The ODG states it is recommended as an option, Group therapy should be provided in a supportive environment in which a patient with Post Traumatic Stress Disorder (PTSD) may participate in therapy with other PTSD patients. Welcome treatment should be considered for patients with PTSD, current findings do not favor any particular & of group therapy over other types. See also PTSD psychotherapy interventions. Decision: A request was made for 24 group medical psychotherapy visits; the request was noncertified by utilization review which provided the following rationale for its decision: "he has previously participated in a group therapy program and 24 additional group therapy visits have been requested in addition to copy for

hypnotherapy and relaxation therapy visits. Per the provided records, this request is apparently for weekly intervals for 24 weeks. Per the provided records, the patient's condition is permanent and stationary based on [REDACTED] conclusions. Based on the time since the injury, the description of modest psychological symptoms and the conclusions that the patient has reached MMI, the medical necessity for the requested service is not supported by the records provided." 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. The medical necessity the requested treatment is not supported by the provided documentation due to excessive quantity of the request. The request for 24 weekly sessions, would be the equivalent of six months of treatment authorize d without the need for ongoing assessment of medical necessity and appropriateness. This duration of treatment is not consistent with industrial guidelines, especially given that he has already participated in prior treatment (unknown quantity). The quantity of sessions requested (24) also exceeds industrial treatment guidelines for session quantity. The official disability guidelines suggest a course of treatment for most patients to consist of 13 to 20 sessions maximum. An exception can be made in some cases to allow for additional sessions contingent upon documentation of significant patient improvement and benefit from prior treatment and intensity of symptomology at the most severe level with a diagnosis of PTSD or Major Depression. According to a psychological assessment from October 14, 2013 the patient has a diagnosis of Major Depressive Disorder, single episode with mild intensity and PTSD with no intensity indicated, but is noted to be "in partial remission" per June 1, 2015 report. In this case the total quantity of prior treatment sessions is not known but appears to likely exceed the more extended course of psychological treatment. For these reasons, the medical necessity the request is not established and utilization review decision for non-certification is upheld.