

Case Number:	CM15-0023015		
Date Assigned:	02/12/2015	Date of Injury:	07/09/2009
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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:

According to the provided medical records, this female patient reported and industrial related injury that occurred on July 9, 2009 during the course of her normal and customary duties she was involved in a motor vehicle accident. She reports continued upper back, left lower extremity, left knee and neck pain. Medically she has been diagnosed with unspecified internal derangement of the knee, pain in the joint involving the lower leg, osteoarthritis, contusion of the knee, and choondromalacia. Psychologically she has been diagnosed with the following Psychological diagnoses: major depressive disorder, recurrent, mild; generalized anxiety disorder; female hypoactive sexual desire disorder due to chronic pain; in full remission; insomnia related to generalized anxiety disorder and chronic pain; stress-related physiological response affecting gastrointestinal disturbances, asthma, headaches. According to a psychological evaluation from August 11, 2014 the patient has continued to participate in cognitive behavioral and supportive psychotherapy twice per month basis in psychiatric treatment every 2 months for one year. A request was made for an unspecified quantity of group medical psychotherapy sessions, the request was noncertified by utilization review. This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline: Treatment index, 11th edition (web), 2014, Mental Illness, Group therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy for chronic pain; see also psychological treatment Page(s): 23-24:101-102. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, cognitive behavioral therapy, psychotherapy guidelines, March 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 progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. The medical records that were provided for consideration were reviewed in their entirety. There is no indication of how long the patient has been receiving psychological treatment. There is no indication of how many sessions the patient has received to date. Treatment guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions for most patients. It appears that she is most likely already received much more than this amount. The requested treatment has no specified quantity attached to it. Therefore, the request is essentially for an unlimited quantity of psychological sessions in perpetuity until the patient's case is closed. Due to insufficient documentation of substantial patient benefit from prior treatment sessions (no progress treatment notes were provided) and because the amount of staff treatment that the patient has received to date is unclear and because the request itself is for an unspecified quantity, the medical necessity the request is not established and therefore the utilization review determination for non-certification is upheld.