

Case Number:	CM15-0061196		
Date Assigned:	05/05/2015	Date of Injury:	09/18/2008
Decision Date:	06/11/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/31/2015

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 64 year old female, who sustained an industrial injury on September 18, 2008. The injured worker has been treated for right shoulder, right hip and right knee complaints. The diagnoses have included left knee pain, hip pain, chronic pain syndrome, myofascial pain syndrome and major depressive disorder. Treatment to date has included medications, radiological studies, home exercise program, physical therapy, psychological evaluations, injections, right shoulder surgery, right hip surgery and right knee surgery. Current documentation dated January 30, 2015 notes that the injured worker was depressed and had continued right shoulder, right hip and right knee pain. The documentation notes that the injured workers situational depression seemed to be worsening. The treating physician's plan of care included a request for individual psychotherapy one time a month for eight months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 1 x month x 8 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: 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. A request was made for individual psychotherapy one time a month for 8 months, the request was non-certified by utilization review with the following provided rationale: "(the patient) has been in treatment with [REDACTED] since January 2012 for an unspecified number of psychotherapy sessions. The most recent 1/30/15 progress report reveals that the focus of psychotherapy is non-industrial psychosocial stressors (i.e., (the patient) families health problems). Thus, worker with 7-year history of unspecified injury with associated emotional distress who has been afforded an unspecified number of psychotherapy sessions that appear to exceed the industrial guidelines and also appears to be addressing non-industrial concerns at this juncture." The request for continued psychotherapy 8 sessions to be held one time per month for a period of time of 8 months does not meet the standard of medical necessity per the MTUS/official disability guidelines. It is noted in the guidelines that: "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." The request for treatment for 8 months would not allow for this type of monitoring of medical necessity over a reasonable length of time. In addition, it appears that the patient has already received and exceeded the guidelines maximum for treatment quantity. This could not be determined definitively because there was no specific statement of the total number of sessions at the patient has received to date. Because this information is not clearly provided it is not possible to determine whether 8 additional sessions would exceed the above stated guidelines, however it appears likely that it would. There were virtually no treatment progress notes from the patient's psychological care provided for review. No active treatment plan was provided with stated goals and estimated dates of accomplishment and a list of prior goals accomplished

as a direct result of her psychological treatment. There were no before and after treatment objectively measured assessment tools demonstrating patient benefit from treatment. Essentially no psychological treatment progress notes were provided for consideration other than a treatment summary provided along with the request for authorization for additional sessions. 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 session including objectively measured functional improvement. Because this request does not appear to meet the MTUS/ODG guidelines for psychotherapy, the request was not medically necessary and therefore the utilization review determination is upheld.