

Case Number:	CM15-0067137		
Date Assigned:	04/14/2015	Date of Injury:	05/29/2014
Decision Date:	05/14/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/08/2015

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 51 year old female, who sustained an industrial injury on May 29, 2014. She was noted to be involved with a motor vehicle crash. The injured worker was diagnosed as having cervical spondylosis without myelopathy, cervicgia/injury other sites of trunk and posttraumatic stress disorder. Treatment to date has included diagnostic studies, psychotherapy, physical therapy and medications. On January 13, 2015, the injured worker complained of back and neck are symptoms that are similar and aggravated by the same activities. She noted the degree of pain and stiffness have improved about 80% and she is happy with her orthopedic progress. Notes stated that she has continued treatment for her posttraumatic stress disorder symptoms and this has stabilized her psychiatric symptoms. The treatment plan listed psychiatric treatment to be deferred to her psychiatrist. On March 17, 2015, a psychological progress report requested 12 additional weekly sessions for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PSYCHOTHERAPY OF 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

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. Decision: According to the provided medical records, the patient is suffering from PTSD symptoms that have resulted from a motor vehicle accident which was rear ended during the course of her employment as a bus driver transporting autistic children. She has recently experienced increased anxiety and anxiety-based physical symptoms including cardiovascular and symptoms of autonomic nervous system arousal. The patient was close to completing her psychological treatment after receiving 36 sessions and nearing the end of her case. Treatment notes indicate that she was soon to be discharged when increased anxiety and cardiovascular issues resulted in emergency room treatment. A request was made for 12 additional sessions of psychotherapy, the request was non-certified by utilization review which offered a modification to allow for 4 additional sessions. It should be noted that in cases of very severe PTSD symptoms additional sessions can be offered in this case the patient has received appropriately so an additional 16 sessions combined with this UR approved modification that allows for 4 more sessions bringing the total to 20 extended sessions and 40 in total. At this juncture, given that the patient has received an extended course of psychological treatment, the UR modification to allow for 4 additional sessions by is appropriate. After the completion of those 4 sessions medical necessity of the request can be re-evaluated and assessed if necessary. Because at this juncture the medical necessity of the request for 12 additional sessions appears to be excessive in quantity the medical necessity is not established and the UR determination is upheld.