

Case Number:	CM15-0070399		
Date Assigned:	04/17/2015	Date of Injury:	11/13/2011
Decision Date:	05/27/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/13/2015

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 November 13, 2011. He reported a head injury. The injured worker was diagnosed as having a mild neurocognitive disorder. Diagnostic studies to date included a Mini Mental State Examination, the Beck Depression Inventory-II, and Pain Patient Profile testing. Treatment to date has included individual psychotherapy and tricyclic antidepressant medication. On February 18, 2015, the injured worker complains of increased headaches with occasional vomiting because he is off his medications due a possible fatty liver. He is awaiting lab results. There is no change in his dizziness. He reports feelings of anger and irritability. He worries significantly about his future and if he will be able to work again in the future. He has not worked since October 2013. He is motivated to return to work. He drives his wife to work and walks his dogs; otherwise he spends much of his day at home. The treating psychologist notes the injured worker is engaged and motivated in his recovery process with evidence of anxiety and depression regarding his uncertain future and the effect of his traumatic brain injury on him. The treatment plan includes an additional 8 sessions of individual psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, 8 sessions. The request was non-certified by utilization review with 4 sessions offered as a modification. The following rationale was provided: "The claimant has attended 10 of 12 sessions of psychotherapy... Continued psychotherapy is necessary to help the claimant cope with his continued depression, emotional dysregulation, and anxiety. The claimant's functional progress has been documented in that he is exploring his vocational options in treatment and tries to utilize coping skills in his daily life. Continued psychotherapy is necessary to help the claimant cope with his continued depression, emotional dysregulation, and anxiety. However, 4 sessions rather than the 8 requested are more appropriate." 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. This patient has been authorized for 12 sessions so far. The current official disability guidelines specify that the typical course of psychological treatment can consist of 13 to 20 sessions maximum. This request for 8 additional sessions appears to fall within that guideline. The request does not appear to be excessive in session quantity. The utilization review rationale provides a clear explanation why additional treatment sessions are

needed and medically appropriate but does not explain a reason for the reduction from 8 sessions down to 4 only noting that it is "more appropriate" because the request falls within the MTUS guidelines it is determined to be reasonable and because the medical records were provided to support that the patient is making progress in his treatment, the request for 8 sessions is found to be medically necessary and appropriate. Therefore the utilization review determination is overturned.