

Case Number:	CM15-0071871		
Date Assigned:	04/22/2015	Date of Injury:	08/01/2012
Decision Date:	05/20/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/15/2015

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 42-year-old female, who sustained an industrial injury on 8/1/2012. She reported numbness and tingling sensation in her hands, wrists, arms and shoulders due to repetitive movement of her upper extremities. Diagnoses have included major depressive disorders, single episode, and generalized anxiety disorder. Treatment to date has included medication. According to the progress report dated 3/17/2015, the injured worker complained of having depressive and anxious symptomatology, sleep disturbances, chronic pain and thoughts of death. Objective findings revealed a sad and anxious mood and a depressed affect. Authorization was requested for cognitive behavioral psychotherapy, relaxation training, individual psychotherapy and a follow up office visit in 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cognitive behavioral psychotherapy, once weekly for eight weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Citation Summary: 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 co morbid 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: 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. About the issue of patient derived benefit/progress from prior treatment and specifically objectively measured functional improvements, the provided medical records do not reflect the medical necessity of the requested treatment. According to a treatment progress note from the primary treating psychologist from March 17, 2015, "the patient reports frequent episodes of exacerbation of her emotional symptomology related to her chronic pain and inability to obtain needed medical treatments." This was the information provided under the heading of "progress." There is no documentation of any functional improvements. There is no documentation of objectively measure patient improvement. Although 9 treatment goals are listed there are no estimated dates of expected accomplishment or progress towards the goals that may have already been achieved. In addition, the total quantity of treatment sessions that have been provided to date is unknown and unreported by the treating therapist. Based on an initial psychological treatment consultation/ evaluation that occurred in October 2013, it is presumed the patient started psychological treatment sometime shortly after that report, however this could not be confirmed definitively. The total quantity of treatment sessions that the patient has already received is needed in order to establish medical necessity of this request. Therefore, the request is not medically necessary.

Follow up office visit in 45 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, a mid-level practitioner can follow patients with stress-related complaints every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. The medical records that were provided for this review do not support the request for a follow-up visit in 45 days. The distinction between a follow-up visit and a regular psychological treatment session is unclear. It cannot be determined by the provided documentation how many follow-up visits have been provided in the past and what has been the clinical benefit to the patient from them. No clear rationale was provided for this request. Because the patient's progress in treatment to date is unclear, because the total quantity of treatment sessions to date has not been provided, and because the distinction between a follow-up visit and a general psychotherapy session is unknown the medical necessity of this request is not established. Therefore, the utilization review termination for non-certification is not necessary.