

Case Number:	CM15-0075879		
Date Assigned:	04/27/2015	Date of Injury:	04/29/2013
Decision Date:	05/27/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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 April 29, 2013. The injured worker was diagnosed as having anxiety disorder. Treatment and diagnostic studies to date have included therapy and medication. A psychiatric examination dated June 4, 2014 the injured worker complains of anxiety and trust issues. Examination notes chronic recurrent anxiety. Psychometric testing suggests psychological problems with personality dysfunction. It was felt he is not a credible historian with regard to dissociative symptomology. There is a request for additional therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 days of intensive outpatient program (IOP) times 20 sessions, attending 3 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines.

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: PTSD psychotherapy, Psychotherapy Guidelines - March 2015 update, see also Cognitive behavioral therapy.

Decision rationale: 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 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. 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. Decision: A request was made for an additional 6 days of intensive outpatient program (IOP) times 20 sessions attending 3 days per week. The request was non-certified by utilization review with the following rationale provided: "the patient was injured almost 2 years ago after being assaulted by a shoplifter and has been treated with 20 sessions of exposure therapy, 15 sessions of intensive outpatient program, and medications. The claimant has completed the equivalent of approximately 70 sessions of psychotherapy without significant functional improvements (i.e., depressive and anxiety symptoms continue to be severe)." The official disability guidelines specify that for most patients a typical course of psychological treatment for most patients would consist of approximately 13 to 20 sessions maximum. In cases of severe major depression or PTSD additional treatment sessions can be offered with evidence of medical necessity and patient benefit from prior treatment sessions including objectively measured functional gains. It appears in this case the patient has already exceeded the guideline recommended maximum for the extended course of psychological treatment. Request for 20 additional sessions appears to be excessive in light of his prior treatment. In addition, all of the medical records that were provided for consideration for this IMR were carefully reviewed; there were no treatment progress notes provided whatsoever regarding his prior psychological care. There were no individual treatment session notes nor was there a specific treatment plan was stated goals of estimated dates of accomplishment with prior dates of accomplished goals

recorded nor were there any treatment summaries of what is been worked on in the psychological treatment. Without evidence of patient benefit, including objectively measure indices of functional change the medical necessity additional treatment cannot be established per MTUS/official disability guidelines. For these reasons, the medical necessity of this request was not established and therefore the utilization review finding of non-certification is upheld. Therefore, the requested medical treatment is not medically necessary.