

Case Number:	CM15-0076783		
Date Assigned:	06/01/2015	Date of Injury:	12/13/1996
Decision Date:	06/29/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/22/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 57-year-old female whose date of injury is 12/31/1996. Her diagnoses included recurrent major depression moderate and somatic symptom disorder with pain. Diagnosis related to her injury included multiple surgeries (neck, shoulders and carpal tunnel). Prior treatment included cognitive behavioral psychotherapy. As of 02/12/2015, she had attended 15 treatment sessions. She presents on 02/24/2015 with complaints of chronic pain, anxiety and depression. Objective findings were depression, isolation, worry and sadness. Functional improvement included practicing exercises learned in physical therapy for pain management. On 03/12/15, she presented with chronic pain and depression. Symptoms included isolation, sadness, and worry. Functional improvements noted were weekly walking on the treadmill and weekly socialization with friends. There was reference to the patient having received 19 psychotherapy sessions, but no further details were provided. UR of 03/31/15 modified a request for an additional 6 psychotherapy sessions to 3 to be used between 03/12/15-05/29/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy.

Decision rationale: 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 function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate). In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. Psychological treatment is recommended for major depressive disorder and ODG guidelines allow for up to 50 sessions in cases of severe MDD. This patient's diagnosis is moderate MDD. She has received 15 sessions as of 02/12/15, with an additional 3 certified through 05/29/15. At least one of those has been used. There was a reference to 19 psychotherapy sessions. It is not totally clear what the patient has received to date, but it is at least 16. In addition, without scales to quantify, it is difficult to discern the severity of the patient's reported symptoms to compare for objective functional improvement. Given the above, and the fact that it appears that one certified session was provided (on 03/12/15), the request is not medically necessary.