

Case Number:	CM15-0077654		
Date Assigned:	04/29/2015	Date of Injury:	05/20/2013
Decision Date:	05/28/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/23/2015

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 female, who sustained an industrial/work injury on 5/20/13. She reported initial complaints of emotional stress. Interpersonal conflict, and stress related physical symptoms. The injured worker was diagnosed as having adjustment disorder, mixed anxiety disorder, depression, chronic anxiety, insomnia, and psychological factors affecting medical condition. Treatment to date has included medication and prior psychotherapy sessions. Currently, the injured worker complains of anxiety, depression, and physical symptoms. Per the primary physician's progress report (PR-2) on 2/23/15, there were stress related cardiac and gastrointestinal symptoms. The requested treatments include Individual psychotherapy 1 session per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 1 session per week x 20 (52 minute session): Upheld

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

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: 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. A request was made for individual psychotherapy one session a week for 20 weeks, the request was non-certified by utilization review with the following provided rationale: "The claimant has also completed at least 17 psychotherapy sessions out of 28 certified sessions. 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. And has demonstrated functional progress and coping with depression and using progressive muscle relaxation and affirmations. The claimant still has 11 more approved psychotherapy sessions. She should first complete the sessions before addressing the need of additional sessions." This IMR will address a request to overturn that decision. The medical necessity of the requested procedure was not established by the provided documentation due to excessive session quantity per MTUS/ODG guidelines. Current treatment guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions for most patients with an exception being made in cases of very severe major depression/PTSD to allow for up to 50 sessions. In addition, because there is a need for ongoing assessment of medical necessity and because she already has sessions approved remaining the utilization review determination that the remaining sessions should be completed prior to requesting more is accurate and appropriate. Therefore, because the medical necessity the request was not established the utilization review determination for non-certification is upheld. Therefore, the requested medical treatment is not medically necessary.