

Case Number:	CM15-0079243		
Date Assigned:	04/30/2015	Date of Injury:	09/30/2010
Decision Date:	05/29/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/24/2015

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 29 year old male, who sustained an industrial injury on 9/30/10. He reported a right hand injury. The injured worker was diagnosed as having anxiety disorder and pain disorder associated with a general medical condition. Treatment to date has included multiple surgeries of right hand, activity restrictions and psychotherapy sessions. Currently, the injured worker complains of constant pulsating pain in right hand rated 3/10 along with feeling fatigued, pessimistic, less self-confident and less worthy than before. He also complains of having problems sleeping, concentrating and making decisions. The injured worker notes feeling much better emotionally with psychotherapy treatment, he is no longer having nightmares or intrusive thoughts about his industrial injury. The treatment plan included request for authorization for 4 additional psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Individual Psychotherapy Sessions between (3/25/2015 and 05/09/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Therapy (CBT Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive.

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. Decision: A request was made for individual psychotherapy sessions to be held between March 25, 2015 and May 9, 2015, the request was non-certified by utilization review. The UR decision rationale was stated as: "...the patient has received approximately 12 individual psychotherapy sessions since October 2011. The medical records indicate the patient has received 6 prior sessions of psychotherapy 09/25/2014 to 02/09/2015... The requesting physician did not include an adequate psychological assessment including quantifiable data which demonstrate significant deficits which require the continuation therapy. There is a lack of documentation demonstrating whether the patient had significant objective functional improvement with the prior sessions of psychological therapy." This IMR will address a request to overturn that 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. According to the most recent psychotherapy progress note the patient is reporting having problems with sleep, concentrating and making decisions as well as symptoms of major depression for example deriving pleasure from things that he used to. Functional improvement is indicated with improved emotionality as well as decreased nightmares and intrusive thoughts about industrial injury and less fear of stimuli associated with the traumatic injury. There is also reports of increased time with family. He reports that his relationship with his wife is improved because he is "a lot less irritable." The total quantity of sessions at the patient has received to date is not known. This number is important because it allows a determination to be made if the request for additional sessions is in compliance with the MTUS/official disability guidelines recommendations for session quantity. Despite this

limitation, based on information provided in the utilization review determination decision it appears that the patient has not yet exceeded treatment guidelines for an extended course of treatment which according to the official disability guidelines state that for patients with severe major depression or PTSD an extended course of psychological treatment can be offered contingent upon medical necessity as well as documentation of patient benefit/objective improvement. Although the utilization review determination rationale is correct that there is no objectively measured in dispute functional improvement the subjectively reported improvements are significant enough to substantiate patient benefit and warrant additional treatment for this patient. The medical necessity for this request appears to be satisfactorily met and therefore the utilization review determination for non-certification is overturned. It should be noted that prior to any request for additional sessions, if medically necessary, the precise quantity of treatment sessions at the patient has received to date should be required. Therefore the request is medically necessary.